



Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

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STUDENT HOUSING APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Current insurance company on risk \_\_\_\_\_

Is renewal being offered?  Yes  No

If no, explain \_\_\_\_\_

BROKER DECLARATION

Each and every question must be answered by the Broker and/or Account Executive.

Is this account NEW to your office?  Yes  No Did you receive the order direct from the Applicant?  Yes  No

If no, how long have you known the applicant? \_\_\_\_\_ Do you recommend this applicant in every respect?  Yes  No

Do you handle other insurance for the Applicant?  Yes  No

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

DATE

SIGNATURE OF PRODUCER/ACCOUNT EXECUTIVE

PRINT NAME OF BROKERAGE

PRINT NAME OF BROKER/PRODUCER

PRINT ADDRESS OF BROKERAGE



### PROPERTY INFORMATION

Risk Location \_\_\_\_\_

Loss Payable \_\_\_\_\_

#### Structure Type

- Detached       Semi Detached       Townhouse       Rowhouse
- Duplex       Triplex       Multi-Plex       Other \_\_\_\_\_

#### Occupancy

- Number of students \_\_\_\_\_ Occupied 12 months of the year?  Yes  No
- Residential Area     Commercial Area

#### Construction

- # of Stories \_\_\_\_\_ Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_
- Walls -     Frame     BV     Brick/Stone     Alum. Siding     Modular     Fire Resistant
- Roof -     Patent     Metal Clad     Other \_\_\_\_\_
- Updates -     Full     Partial    Year \_\_\_\_\_

#### Utilities - Heat

- Primary -     Furnace (Central)     Electric     Oil     Space Heater     Wood
- Auxiliary -     Electric     Space Heater     Wood
- Updates -     Full     Partial    Year \_\_\_\_\_

#### Wood Heat

- Woodstove     Wood Furnace     Fireplace Insert     Combination Wood Furnace
- ULC Approved?     Yes     No    Installed to Code?     Yes     No    Combined with \_\_\_\_\_

#### Oil Heat

- Inside     Outside     Above Ground     In Ground

Age of Tank \_\_\_\_\_ Date of last inspection \_\_\_\_\_

#### Electrical

- C/B     Fuses    \_\_\_\_\_ Amps
- Updates -     Full     Partial    Year \_\_\_\_\_ Is there knob and tube wiring?     Yes     No

#### Plumbing

- Copper     Plastic     Other \_\_\_\_\_
- Updates -     Full     Partial    Year \_\_\_\_\_

#### Sump Pump

Age \_\_\_\_\_

#### Protection

- Fire -**     Hydrant within 300 metres
- Alarm -**     Yes     No     Fire     Burglary     Heat detectors     Smoke alarms as required by law
- Central     Monitored     Local    ULC Approved     Yes     No

#### Housekeeping

- Excellent     Good     Fair     Poor

#### Physical Condition

- Excellent     Good     Fair     Poor

Supervision – Responsible individual/property manager providing personal visits to premises every 30 days?     Yes     No

**Outbuilding(s) Please complete (describing construction, occupancy, square footage and value) any outbuildings not attached to the main building.**

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