



Intact Insurance Company

Niche Products

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Shared Accommodations Questionnaire

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(Rooming House / Student Dwelling)

Broker Name: Contact Name: Date:

Telephone #: Fax #: Email Address:

Has Broker seen the Risk? Yes No

Applicants Name: Mailing Address:

Previous Insurer and Policy Number: Expiry Date:

Have they offered renewal? Explain:

Location Detail

Location of Risk (if different from mailing address):

Is this a Heritage Designated building Yes No

Year Built: # Storeys: Total area of building: Construction:

Year Purchased: Basement: Yes No Finished Unfinished

Electrical: Copper Aluminium Knob & Tube Other:
Electrical System: Circuit Breakers Fuses 60 amp 100 amp 200 amp Other:
Electrical System Updated: Yes No Date:
Have the Electrical System updates been inspected by a licensed electrician? Yes No

Plumbing: Updated: Yes No Date: Type:

Roof: Age of roof:

Heating: Furnace Boiler Electric Other:
Heating Fuel Type: Natural Gas Oil* Propane* Solid Fuel* Other:
Any auxiliary heating? No Yes, Type:
*Additional Questionnaire may be required
Heating System Updated: Yes No Date:

Fire Protection: Hydrant Distance: Fire Hall Distance:

Fire Extinguishers? Smoke Detectors? Sprinkler System? Carbon Monoxide Detectors?

Has any portion of the building been remediated (due to mould, asbestos, grow ops. etc.) in the past five years? Yes No If Yes provide details:

Occupancy – please use back of page for additional space, if required.

Number of bedrooms available:	How many bedrooms are currently occupied:
Maximum number of occupants (persons) allowed:	How many occupants (persons) currently reside here:
Is there a Lease Agreement in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Tenants required to carry insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a No Smoking policy in place & enforced? <input type="checkbox"/> Yes <input type="checkbox"/> No	List all building amenities (pool, exercise room, etc.)
Any cooking in Rooms (incl. Hot Plates, grills, microwaves, toasters, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No Provide details:	
How many Common (shared) Kitchens?	How many Common (shared) Bathrooms?
Is there a live-in "Manager/Caretaker" or Superintendent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Unit/Apt No.:
Who is responsible for building maintenance?	How often is property inspected?

List Names, Age of Tenants and how long they have lived at this location:

Limits of Insurance – Fire E.C. Actual Cash Value – 80% Co Ins.

Building: \$	Contents (major appliances only): \$
Rents (100% Co): \$	Liability (OLT) \$

Other Required Coverages:

5 Year Loss History (full details required including status – open or closed):

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Applicant's Signature:	Date:
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CURRENT PHOTOS OF FRONT AND BACK OF RISK MUST ACCOMPANY QUESTIONNAIRE.