



LIONS GATE UNDERWRITING

RENTED DWELLING / ROOMING HOUSE APPLICATION

I. General Information

Named Insured (*Full Legal Name*): _____

Mailing Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Name is Principal(s): _____

Previous Insurer: _____

Expiring Premium and Date: _____

Has any Insurer cancelled, declined, or refused you coverage? (*If 'yes', please provide details below*) Yes No

Mortgagees: _____

Mortgagee Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Have there been any insured or uninsured losses in the past 5 years? Yes No

If 'yes', please provide details below.

DATE	LOCATION #	DESCRIBE LOSS AND PRECAUTION TAKEN SINCE	RESERVE OR PAID OUT AMOUNT

II. Underwriting Information

LOCATION 1

LOCATION 2

Risk Address:

Occupancy:

- Rental Dwelling Rooming House
 Student Rental Airbnb
 Other (describe): _____

- Rental Dwelling Rooming House
 Student Rental Airbnb
 Other (describe): _____

Units:

Total # of Self-Contained Units: _____
Occupants per suite: _____

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Occupants per suite: _____

Year Built:

Number of Storeys:

Construction:

- Wood Non-Combustible
 Other (describe): _____

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 Other (describe): _____

Square Footage:

Roof:

- Wood Non-Combustible
 Other (describe): _____
Year of Update: ____ Full Partial

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 Other (describe): _____
Year of Update: ____ Full Partial

Electrical System:

- Circuit Breaker Fuse
 Aluminum Wiring Other (describe): _____
 Copper _____
 60 Amps 100 Amps Amps
Year of Update: ____ Full Partial

- Circuit Breaker Fuse
 Aluminum Wiring Other (describe): _____
 Copper _____
 60 Amps 100 Amps Amps
Year of Update: ____ Full Partial

Plumbing System:

- Copper Galvanised
 Plastic (PVC or CVS)
 Kitec Poly-B
Year of Update: ____ Full Partial
Age of Hot Water Heater: _____

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 Plastic (PVC or CVS)
 Kitec Poly-B
Year of Update: ____ Full Partial
Age of Hot Water Heater: _____

Heating:

- Gas Electric Oil Wood
 Other (describe): _____
Primary Heat: _____
Year of Update: ____ Full Partial

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 Other (describe): _____
Primary Heat: _____
Year of Update: ____ Full Partial

Property Management in Place?

- Yes No

- Yes No

How often is Property Inspected

- Monthly 3-4 times/year
 Semi-Annually Annually

- Monthly 3-4 times/year
 Semi-Annually Annually

Length of Rental:

- Daily Weekly
 Monthly Annually

- Daily Weekly
 Monthly Annually

Property Occupied at least once a month?

- Yes No

- Yes No

Smoke Detector in place?

- Yes No

- Yes No

Hot Plates allowed in rooms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Extinguishers in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No Smoking policy in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you allow smoking in units?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Swimming Pool on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a woodstove in the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the woodstove the primary source of heat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

III. Coverage Limit

	LOCATION 1		LOCATION 2	
Building:	\$		\$	
Detached Structure:	\$		\$	
Contents:	\$		\$	
Rental Income:	\$		\$	
Premises Liability:	<input type="checkbox"/> \$ 2 million	<input type="checkbox"/> \$ 3 million	<input type="checkbox"/> \$ 2 million	<input type="checkbox"/> \$ 3 million
	<input type="checkbox"/> \$ 4 million	<input type="checkbox"/> \$ 5 million	<input type="checkbox"/> \$ 4 million	<input type="checkbox"/> \$ 5 million

PLEASE ATTACH THE PHOTOS OF THE FRONT AND BACK OF THE BUILDING ALONG WITH YOUR APPLICATION

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i. To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.
- ii. That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____

(Principal, Partner or Officer)

Print Name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Broker Signature: _____ Date: _____