Chesterfield Canada

509 Bronson Avenue, Ottawa, ON K1R 6J8

Application Form

ROOMING HOUSE	GUEST HOUSE	BED & BREAKFAST
BROKER: Name		Phone No:
INSURED:		
MAILING ADDRESS:		
RISK ADDRESS :		
LOSS PAYABLE 1ST. MTGEE.:		
LOSS PAYABLE 2ND. MTGEE:		
CONSTRUCTION: Number of Storeys:	WALLS:	
ROOF:	AGE / BUILT:	
HEATING: Gas Oil Electric	Hot Air	Hot Water
PUBLIC PROT. full semi none	HYDRANTS: yes / no	Km TO F.H.
In what years were the following updated:		
Electrical: Plumbing:	Heating:	Roof:
Any other renovations:		
Smoke Detectors on every floor Yes No		
Fire Extinguishers on every floor Yes No		
Any cooking in rooms Yes No		
Type of Cooking- Hot Plates: Stove:	Common Kitchen:	
Number of rooms: Apartments:		
Type of Tenants:		
Condition of Building- Good: Fair:	Poor:	
Owner Occupied - Yes: No:	Live in Superintendent- Yes: No:	
EXISTING/PREVIOUS INSURER & POLICY #		
Did Insurance Company cancel or refuse to renew- Yes: No:		
If yes explain		
List claims / losses for the last 5 years:		
Additional information:		