

## QUESTIONNAIRE ROOMING HOUSES

- 1) Name of applicant : \_\_\_\_\_
- 2) Postal Address : \_\_\_\_\_
- 3) Address of risk : \_\_\_\_\_
- 4) Number of Rooms: \_\_\_\_\_
- 5) Is there cooking in the rooms :      Yes  No  (*portable stoves are prohibited*)  
If Yes, specify : \_\_\_\_\_
- 6) Is there a communal kitchen :      Yes  No
- 7) Are there smoke detectors :      Yes  No     battery     electric
- 8) Is there a janitor on site :      Yes  No
- 9) Rented with lease :      Yes  No
- 10) Are roomers :
- |                |                          |
|----------------|--------------------------|
| students       | <input type="checkbox"/> |
| elderly people | <input type="checkbox"/> |
| workers        | <input type="checkbox"/> |
| other          | <input type="checkbox"/> |
- \_\_\_\_\_
- 11) Permission to smoke in rooms :      Yes  No

Broker: \_\_\_\_\_

Tel : \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
Signature of Insured or Broker