

**Basement Apartment Questionnaire**

**ING Insurance Company of Canada**

Name of Applicant / Insured:	Effective Date:
	Policy Number:
Broker Name:	Broker Number:
Location Address:	

1. Does the self-contained apartment meet the current Provincial Fire Code and/or Building Code for Two Unit Residential Occupancies? Yes  No  Not Sure
2. Is it equipped with independent cooking, eating, sleeping and sanitary facilities? Yes  No
3. Is the apartment occupied? Yes  No   
If yes, by how many occupants? \_\_\_\_\_  
In the second unit, if more than 1 occupant, are they related to each other? Yes  No
4. Are occupants related to the named insured? Yes  No
5. Does tenant have own insurance? Yes  No  Provide details on insurance policy, company and expiry date.
6. Does the apartment have a separate entrance? Yes  No
7. How many operable means of escape are provided to the occupant of the apartment? Please indicate if a door and/or window?
8. Is each floor of the residence equipped with smoke and carbon monoxide detectors and fire extinguishers that are serviced regularly to ensure proper working order? Yes  No   
Are the smoke and carbon monoxide detectors interconnected? Yes  No
9. When was the home renovated to include the second residence? \_\_\_\_\_  
If date is not known, was it in place when you bought the home? Yes  No   
Was it done professionally? Yes  No
10. Have you had a Fire Department inspection completed on the home? Yes  No   
*Please attach a copy*
11. Have you had a Hydro Inspection completed on the home? Yes  No   
*Please attach a copy*
12. Does your municipality require the basement apartment to be registered with their office? Yes  No   
If yes, have you done so? Yes  No
13. Do the tenants have access to the owner occupied portion of the home? Yes  No

\_\_\_\_\_  
Signature of Applicant / Insured

\_\_\_\_\_  
Date