

Non-Standard Risks Rented Condo Unit Owner Application

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|--------------|---------------|----------------|
| Broker Name: | Contact Name: | Date: |
| Telephone #: | Fax #: | Email Address: |

Has the Broker seen the risk? ☐ Yes ☐ No

Name of Applicant:

Location Address:

Principle Dwelling Mortgagees Name and Address:

Is this a designated heritage building? ☐ Yes ☐ No

Building Type: ☐ High Rise Building ☐ Low Rise Building ☐ Townhouse ☐ Commercial / Industrial Condo
☐ Other Describe: _____

| | | | |
|-------------|---------------|---------------------|---------------|
| Year Built: | # of Storeys: | Total Area of Unit: | Construction: |
|-------------|---------------|---------------------|---------------|

Year Purchased: _____ Basement: ☐ Yes ☐ No ☐ Finished ☐ Unfinished

Smoke detectors? ☐ Yes ☐ No Carbon monoxide detectors? ☐ Yes ☐ No Fire extinguishers? ☐ Yes ☐ No

Distance to Fire Hydrant: _____ Distance to Fire Hall: _____

Electrical

☐ Copper ☐ Aluminum ☐ Knob & Tube ☐ Other: _____
 Electrical System: ☐ Circuit Breakers ☐ Fuses ☐ 60 amp ☐ 100 amp ☐ 200 amp ☐ Other: _____
 Electrical system updated? ☐ Yes ☐ No Year: _____

Plumbing

Updated? ☐ Yes ☐ No Year: _____ Type: _____

Roof

Age of Roof: _____

Heating

☐ Furnace ☐ Boiler ☐ Electric ☐ Other: _____
 Heating Fuel Type: ☐ Natural Gas ☐ Oil* ☐ Propane* ☐ Solid Fuel* ☐ Other: _____

**Additional Questionnaire may be required*

Any auxiliary heating? ☐ Yes ☐ No Type: _____

Heating system updated? ☐ Yes ☐ No Year: _____

Amenities on premises (if applicable): Swimming Pool ☐ Outdoor ☐ Indoor

Hot Tub ☐ Outdoor ☐ Indoor

Other, describe: _____

Is the unit used for short term rental (i.e., rental term less than 12 months)?

☐ Yes ☐ No

If YES, complete the following questions:

What online networks are used to rent out the property?

☐ Airbnb ☐ FlipKey ☐ HomeAway ☐ VRBO ☐ Other, specify: _____

Approximate number of days the property is rented out per year: _____

Does the Insured actively participate in the selection process of the tenants occupying the premises? ☐ Yes ☐ No

Are written rental agreements in place with tenant(s)? ☐ Yes ☐ No

Who manages the rental unit?

☐ Insured Remains in Local Area/City ☐ Designated Local Representative ☐ None ☐ Other, describe: _____

What measures are taken to ensure the safe use of amenities, swimming pool and/or any other water sources that tenants can access?

Describe: _____

Is any portion of the building used for business purposes? ☐ Yes ☐ No

If YES, provide details: _____

Is the condo unit rented with an annual lease agreement? ☐ Yes ☐ No

Are the tenants required to carry their own insurance? ☐ Yes ☐ No

Insured – Date of Birth: _____ Occupation: _____ Self-employed? ☐ Yes ☐ No

Spouse – Name: _____ Occupation: _____ Date of Birth: _____ Self-employed? ☐ Yes ☐ No

Previous Insurer(s) – Company: _____ Policy Term(s): _____

Policy Number: _____ Expiry Date: _____ Agent / Broker: _____

Has the Applicant:

Been cancelled or refused insurance? ☐ Yes ☐ No Had any gaps in coverage? ☐ Yes ☐ No

If YES to either question, provide comments:

Provide five year loss experience (open or closed):

| Date | Insurer | Paid / Reserved | Type of Loss |
|------|---------|-----------------|--------------|
| | | | |
| | | | |
| | | | |

Limits of Insurance

| | | | |
|------------------------------|--|--------------------------------|--|
| Liability Limit: | | Contents Limit: | |
| Supplemental Coverage Limit: | | Special Loss Assessment Limit: | |
| Rents: | | Sewer Back Up: | |
| Flood: | | Earthquake: | |
| Equipment Breakdown: | | Crime: | |
| Extensions of Coverage: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Additional Comments:

Current original photos of front and back of risk must accompany Questionnaire

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