

RENTED DWELLING APPLICATION

Single family, duplexes, triplexes or fourplexes rented on a long-term basis



BROKER: _____ **DATE:** _____

APPLICANT

Insured's name:

Mailing address:

LOCATION DETAILS

Location address:

Mortgagee name and address:

Year built: _____ Construction: _____ Total Area: _____ (sq. ft)

Years owned: _____ Number of stories: _____

Is this a heritage building? ☐ YES ☐ NO Basement: ☐ YES ☐ NO

Electrical: _____ If other, please describe: _____

Amperage: _____ If other, please describe: _____

Electrical System: _____ Electrical system year updated: _____

Plumbing type: _____ Plumbing year updated: _____

Heating: _____ If other, please describe: _____

Type of fuel: _____ If other, please describe: _____

Auxiliary heating type: _____ Heating system year updated: _____

** additional questionnaire and photos required prior to binding*

Roof type: _____ Roof year updated: _____

Has any portion of the building been remediated (due to mould, asbestos, grow ops etc.) in the past five years*? ☐ YES ☐ NO

If yes to above question, please provide details:

**proof of remediation may be required*

PROTECTION

Hydrant distance: _____ Fire hall distance: _____

Fire extinguishers? ☐ YES ☐ NO Smoke detectors? ☐ YES ☐ NO

OCCUPANCY

Number of self-contained units: _____ How many units are vacant? _____

Are there any short-term rentals? ☐ YES ☐ NO

If yes, what is the average length of time of the rental?

If other, please describe: _____

Do any units have 3 or more unrelated occupants? ☐ YES ☐ NO

If yes to the above question, how many unrelated occupants in each unit?

Is there a lease agreement in place? ☐ YES ☐ NO Are tenants required to carry insurance? ☐ YES ☐ NO

Is the landlord an absentee landlord? ☐ YES ☐ NO How often is the property inspected?

Is someone responsible for dwelling maintenance? ☐ YES ☐ NO

Are there any business or commercial operations on premises by the tenant and/or owner? ☐ YES ☐ NO

If yes to above question, please provide details:

LIMITS OF INSURANCE

Building:

Contents:

Outbuildings:

Rental Income (100% coinsurance):

Liability:

Property wording:

Valuation:

Earthquake*: ☐ YES ☐ NO

Sewer backup*: ☐ YES ☐ NO

Flood*: ☐ YES ☐ NO

Water escape extension*: ☐ YES ☐ NO

Glass*: ☐ YES ☐ NO

Has the broker seen the risk? ☐ YES ☐ NO

Condition of the property:

Has any insurer cancelled, declined, or refused to renew or issue habitational insurance to the applicant within the past 5 years?

☐ YES ☐ NO

If yes to the above question please explain reasons:

Previous insurer:

Expiry date:

*coverage subject to eligibility requirements being met

LOSS HISTORY

Please list **all** of the **insured's** losses from the previous 5 years:

Date of Loss	Insurer	Amount Paid/Reserve	Type and Cause of Loss	Opened or Closed

Additional comments:

*****CURRENT PHOTOS OF FRONT AND BACK OF RISK MUST ACCOMPANY QUESTIONNAIRE*****

Note:

Protect your investment by inspecting your property on a regular basis. Drive by it monthly and conduct walk throughs at least semi annually. Look for:

- Signs of poor housekeeping and upkeep
- Steamed, blacked out or foiled windows
- A higher than usual electric bill or modifications to the electrical system
- Excessive build up of any mildew/mould around the exhaust vents

These can indicate illegal activity being conducted on the premises. Exercise careful tenant selection.

I may have provided information in this document and by other means and I may in future provide further personal information. Some of this personal information may include, but is not limited to, my credit card 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, evaluation of 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 Signature: _____

Date: _____