

Rented Dwelling Questionnaire

Broker Name:	Contact Name:	Date:		
Name of Applicant:	Mailing Address:			
Previous Insurer and Policy Number:	Expiry Date:			
If applicable, has the current insurer offered renewal? If "No", please provide details:			☐ Yes	□ No
Five (5) year loss history including open and/or closed cla	ims:			
Location Address:				
Mortgagee(s) name and address:				
Building Information				

Is this a designated heritage building?					🗌 Yes	🗌 No	
Year built:	# Storeys:	Total	area of building:	Construction	п Туре:		
Basement:	🗌 Yes 🗌 No	🗆 Fir	nished 🗌 Unfini	shed			
Electrical:	Copper	🗌 Aluminu	um 🛛 Knob & Tub	e 🗆 🖸	Other		
Electrical system:	Circuit breakers	Fuses	🗌 60 amp 🛛] 100 amp 🛛 🛛	200 amp 🛛 Other:		
Electrical system u	updated: 🔲 Yes	🗆 No	Year:				
Have the electrical system updates been inspected by a licensed electrician?						🗌 Yes	🗌 No
Plumbing: 7	уре:		Year:		Updated:	🗌 Yes	🗆 No
Roof: A	Age of roof:	Ro	oof Material:				
Heating:	Furnace	🗌 Boiler	Electric	Other:			
Heating fuel type:	Natural Gas	□ Oil*	□ Propane*	☐ Solid fuel*	☐ Other:		
*Additional Question	naire may be required						
Any auxiliary heati	ng?	🗌 Yes	🗆 No	Туре:			
Heating system up	odated?	🗌 Yes	🗆 No	Year:			
Has there been an inspection of the heating system by a licensed heating contractor?					🗌 No		
Fire protection:	protection: Hydrant Distance: Fire Hall Distance:						
Fire Extinguishers?	Smoke Det	ectors?	Sprinkler S	System?	Carbon Monox	ide Detect	ors?
🗌 Yes 🗌 No	🗆 Yes 🛛] No	🗆 Yes	🗆 No	🗌 Yes 🗌 No	c	

Occupancy						
Number of self-contained units:	How many are rented: How many are vacant: Number Num		Imber of occu	nber of occupants:		
Are any of the units used for shared accommodation/rooming house/boarding house?					🗆 No	
Are any of the apartments used for short-	term rental (i.e. rental term	less than 12 months)?		🗌 Yes	🗌 No	
If YES, please complete the following o	questions:					
Type of rental: Entire home Self-contained apartments Basement apartment Other, specify:						
Which online networks are used to rent of	ut the property?					
Airbnb 🗌 FlipKey 🗌 Home	Away 🗌 VRBO	☐ Other, specify:				
Approximate number of days per year the	property is rented out:					
Total Annual Rent:	Anr	nual Rent per Unit:				
Management						
Does the applicant have annual lease agr If "No", provide details:	eements signed for all ten	ants?		☐ Yes	□ No	
Does the applicant have a lease agreement requiring tenants to carry insurance?				🗌 Yes	🗆 No	
Who is responsible for the management of the property including rental agreements and property maintenance?						
If Applicant, is the applicant's principal residence located within 400km of the rental property?			🗌 Yes	🗆 No		
How many times per year is the property inspected by the applicant or a property manager?						
Who is responsible for snow removal?	Insured	Third Party Contractor	□ None			
If Insured, are maintenance records kept including times of completion?			🗌 Yes	🗌 No		
If third party contractor, is a copy of a certificate of insurance obtained from the snow removal contractor?			🗌 Yes	🗌 No		
If there is a swimming pool on the property, does it have controlled access to prevent unauthorized entry, including fences or barriers?			ble 🗌 Yes	🗆 No		
Limits of Insurance						
Building:	Co	ntents:				
Rental income:	Lia	bility				
Other required coverages:	L					

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