

## Rented Dwelling Questionnaire

Broker Name:		Contact Name:		Date:
Telephone #:	Fax #:		Email Address:	
Has Broker seen the Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Applicants Name:		Mailing Address:		
Previous Insurer and Policy Number:		Expiry Date:		
Have they offered renewal? Explain:				
<b>Location Detail</b>				
Location of Risk (if different from mailing address):				
Is this a Heritage Designated building <input type="checkbox"/> Yes <input type="checkbox"/> No				
Year Built:	# Storeys:	Total area of building:	Construction:	
Year Purchased:	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished			
<b>Electrical:</b> <input type="checkbox"/> Copper <input type="checkbox"/> Aluminium <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Other: Electrical System: <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> 60 amp <input type="checkbox"/> 100 amp <input type="checkbox"/> 200 amp <input type="checkbox"/> Other: Electrical System Updated: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: Have the Electrical System updates been inspected by a licensed electrician? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Plumbing:</b> Updated: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: Type:				
<b>Roof:</b> Age of roof:				
<b>Heating:</b> <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Electric <input type="checkbox"/> Other: Heating Fuel Type: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil* <input type="checkbox"/> Propane* <input type="checkbox"/> Solid Fuel* <input type="checkbox"/> Other: Any auxiliary heating? <input type="checkbox"/> No <input type="checkbox"/> Yes, Type: <i>*Additional Questionnaire may be required</i> Heating System Updated: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:				
<b>Fire Protection:</b>		Hydrant Distance:		
Fire Extinguishers?		Smoke Detectors?		Fire Hall Distance:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any portion of the building been <b>remediated</b> (due to mould, asbestos, grow ops. etc.) in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes provide details:				

**Occupancy – please use back of page for additional space, if required.**

Number of self-contained apartments:

How many are rented:

How many are vacant:

Number of occupants:

Are any of the apartments used for shared accommodation/rooming house/boarding house?:

☐ Yes ☐ No**If Yes, please complete the Shared Accommodation Questionnaire.**

List Names, Age of Tenants and how long they have lived at this location:

Amount of Rent per Unit:

\$

Is there a Lease Agreement in place?

☐ Yes ☐ No

Are Tenants required to carry insurance?

☐ Yes ☐ No

Is this an Absentee Landlord?

☐ Yes ☐ No

Is Legal Letter of Authority in place?

☐ Yes☐ No*(If Yes, please attached copy)*

Who is responsible for Dwelling Maintenance?

How often is Property Inspected?

Name and address of person/manager authorized to manage and maintain building on behalf of Insured:

**Limits of Insurance**

Building: \$

Contents (major appliances only): \$

Rental Income: \$

Liability (OLT) \$

Other Required Coverages:

Loss History (previous five years) open and/or closed claims:

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:

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