



RENTED DWELLING APPLICATION

1. Brokerage: _____
2. Broker Contact: _____
3. Name of Applicant: _____
4. Mailing Address: _____
Location address: _____
5. Policy Effective Date: _____
6. Broker Quote Presentation Date: _____
7. Mortgagee: _____
8. Current insurance company on risk: _____
9. Is renewal being offered? Yes No
10. If no, why not?: _____
11. What is the expiring premium?: _____
12. Target premium: _____
13. Years in Business: _____ Years of experience renting to tenants? _____

Have there been losses or claims by the applicant in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of loss	Detailed description of loss	Amount Paid	Open/Closed?	Preventative measures in place?

Type of Building:

- Detached Home
 Semi-Detached
 Duplex
 Triplex
 Fourplex
 End Low (Townhouse)
 Inside Low (Townhouse)
- Log Home
 Mobile Home (fully blocked, skirted + connected to utilities)
 Other (describe): _____

Construction Details			
Year Built		Building area in sq. feet	
No of Stories		Building Construction	

Type	Year Updated	Complete/Partial
Electrical		
Amperage		
Plumbing		
Heating		
Supplemental Heating		
Roof		

Coverage	Limits Required	Deductible
Building(s)	\$	
Outbuilding(s) ¹ <i>¹No cover is given for outbuildings unless a limit is shown on policy:</i>	\$	
Contents	\$	
Rental Income	\$	
Sewer Back Up	\$	
Liability (CGL)	\$	
Is coverage required for: Equipment Breakdown: <input type="checkbox"/> Yes <input type="checkbox"/> No Flood: <input type="checkbox"/> Yes <input type="checkbox"/> No Earthquake: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Excluding BC)</i>		

Occupancy Information:

Total number of units? _____ Number of occupants per unit? _____ Are all units self-contained? Yes No
 Total number of units currently rented and occupied? _____
 Are the tenants all unrelated? Yes No
 Does the lease agreement allow for sub-letting by tenants? Yes No

Underwriting:

Who is responsible for the care and maintenance of the property?
 Insured Neighbor Property Manager Friend/Relative Tenant Other (describe): _____
 How often is the property inspected and by whom?: _____
 Type of inspection? Internal External Other If "other", please explain: _____
 Confirm who is responsible for snow removal?: _____
 If tenants are responsible for snow removal kindly confirm whether it is written into the lease agreement?: Yes No

Alarm: Yes No Fire Burglary Heat Detectors Smoke Alarms as Required by Law
 Central Monitored Local ULC Approved Yes No
 Co2 Co2 Monitor Any wood Burning Units

Swimming Pool on premises?: Yes No

Additional Comments section:

Subjectivity Section:

- Does the electrical system have fuses? Yes No
- Is there any Aluminium or Knob & Tube Wiring? Yes No
- Does the lease specify that Tenants are required to maintain a Tenant Liability policy? Yes No
- Is the building owner occupied? Yes No
- Is there a rental agreement in effect? Yes No If "Yes", check type: Monthly Annually

Signature(s) of all Named Insureds (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date: