



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 (Excluding BC)		

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

The undersigned on behalf of the Applicant declares that the statements set forth are true. The undersigned on behalf of the Insured agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, they shall, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance. Signing of this Application does not bind the Applicant/Insured or the Insurer to complete the insurance contract, but it is agreed that this Application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy. All written statements and materials (including any information provided in the attached Appendices) furnished to the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Any failure to provide accurate answers or any incorrect responses in the sections above may result in the nullification of any insurance policy issued by the Underwriters for this risk.

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