

RENTED DWELLING APPLICATION

This questionnaire is to be completed by the broker for dwellings. Front and back photos of the dwelling and a home boeckh evaluation will be required within 15 days of binding

1. General Information

Name of Insured: _____
 Insured Mailing Address: _____
 Insured Location Address: _____
 Broker Name: _____

2. Property Details

- a) Have you seen the exterior of the dwelling? Yes No
- b) Have you seen the interior of the dwelling? Yes No
- c) Is the dwelling vacant? If yes, please complete the Vacancy & Unoccupancy Questionnaire Yes No
- d) How long has the insured owned the dwelling? _____
- e) How many other rental properties does the insured own? _____
- f) Who is responsible for dwelling maintenance? _____
- g) How often does the insured inspect the property? _____
- h) How many rental units in dwelling? i.e. single family units _____
- i) Are there any commercial operations on the premises? Yes No
 If yes, describe: _____
- j) How many tenants have occupied the dwelling within last 3 years? _____
- k) Indicate the basis of the rental lease agreement? i.e. monthly, yearly, other _____
- l) What is the annual rental income from this dwelling? \$ _____
- m) Is there any wood burning stoves in the dwelling? Yes No
- n) Do tenant(s) have their own insurance? Yes No
- o) Is there a sump pump and back-water valve in the dwelling? Yes No

3. Dwelling Building

Year built: _____ Sq. Ft.: _____ # of Stories: _____
Construction:
 Walls: _____ Roof: _____ Floors: _____
 Basement: _____
Mechanical:
 Electrical: _____ Heating: _____ Plumbing: _____
 Fuel Used: _____

Building renovations if older than 25 years (indicate of full or partial updates) _____

4. Insurance History

Prior/Current Insurer: _____ Insured Since: _____
 Current Broker: _____ Policy Number: _____
 Premium: _____
 Has the insured been refused or cancelled by any insurance company? Yes No

5. Claims History

Has the insured had any claims on this property in the last 5 years? Yes No
 If yes, please provide details below

Date of Claim	Settlement	Pending	Description

6. Fire Protection

<input type="checkbox"/> Protected	<input type="checkbox"/> Semi-Protected	<input type="checkbox"/> Unprotected
Fire Hydrant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Feet _____
Fire Station _____		KM _____

7. Requested Coverage

<u>Property:</u>	<u>Deductible:</u>	<u>Limit:</u>
Buildings	_____	_____
Detached Garage	_____	_____
Outbuildings	_____	_____
Equipment & Contents	_____	_____
Rental Income	_____	_____
Liability	_____	_____
Boiler & Machinery	_____	_____
Other	_____	_____

Additional Comments: _____

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

The applicant declares that the statements and information set forth in this Application and in any attachments made hereto are true and no material facts have been suppressed or misstated.

The applicant agrees that the Insurance Company or its designee may make such inquiries with respect to the proposed insurance as are deemed necessary by the Insurance Company. The Insurance Company reserves the right to amend the terms, conditions and limitations of any policy issued as a result of this Application if subsequent to the date of this Application, but prior to the inception date of such policy, if there are any material changes to the information contained herein. In the event of such material changed as aforesaid, the applicant agrees to give immediate written notice to the Insurance Company and the former insurer and such notice shall attach to and form part of this Application.

Signing this Application does not bind the applicant to the Insurance Company to complete the insurance, but is agreed that the statements and particulars contained in this Application will be relied upon by the Insurance Company should a policy be issued, and, in such case, the Application shall form a part of the policy.

Privacy Disclosure and Consent

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Applicant's Signature: _____

Date: _____

Brokerage Name: _____

Broker's Signature: _____

Date: _____