

**Rented Dwelling Questionnaire**

Name of Insured:	Policy No.:
Location Address:	Broker Name:
	Broker No.:

**Property Details – Inspections, Maintenance, Use**

1. How long have you owned the dwelling?
2. How often is the exterior of the dwelling inspected?     Monthly     Quarterly     Annually     Other: \_\_\_\_\_  
Date of last exterior inspection (dd/mm/yy):
3. How often is the interior of the dwelling inspected?     Monthly     Quarterly     Annually     Other: \_\_\_\_\_  
Date of last interior inspection (dd/mm/yy):
4. Is the dwelling vacant?    Yes     If Yes, provide date property became vacant (dd/mm/yy):  
If Yes, provide a completed vacancy questionnaire.  
No
5. How many other rental properties do you own?
6. Who is responsible for dwelling maintenance?  
Is the dwelling looked after by a property management company?     Yes     No  
If Yes, provide name of company:
7. How many rental units (i.e. single family units are there in the dwelling)? \_\_\_\_\_ rental units
8. Are there any commercial operations on the premises?  
Yes  If Yes, please describe:  
No
9. What other insurance does the owner require? (e.g., landlord's contents, rental income, etc.)

**Tenant & Lease Details**

10. How many tenants have occupied the dwelling within the last 3 years?
11. How long has the current tenant(s) lived at this address?
12. How many people will be living in the dwelling?
13. Indicate the basis of the rental lease agreement:     Monthly     Yearly     Other (describe):
14. What is the annual rental income from this dwelling? \$ \_\_\_\_\_
15. What form of payment does your tenant(s) use?     Cash     Cheque     Post-dated Cheques
16. Have you checked references/verified identification of your tenant(s)?     Yes     No
17. Tenant(s) occupation:
18. Are there any unrelated individuals (roomers/boarders)?     Yes     No    How many? \_\_\_\_\_
19. Do tenant(s) have own insurance?    Yes   
No

**Building Details**

20. Year Built: \_\_\_\_\_

21. Year of Updates: Electrical \_\_\_\_\_  Full  Partial  
 Heating \_\_\_\_\_  Full  Partial  
 Plumbing \_\_\_\_\_  Full  Partial  
 Roof \_\_\_\_\_  Full  Partial

22. Are there any wood burning stoves, fireplace inserts or oil tanks in the dwelling, or oil tanks underground?  
 Yes  **If Yes, refer to underwriter before binding coverage**  
 No

23. Is each floor of the residence equipped with smoke and carbon monoxide detectors and fire extinguishers that are serviced regularly to ensure proper working order?

Smoke Detectors: Yes  No  Fire Extinguishers: Yes  No  Carbon Monoxide Detectors: Yes  No

If No, please explain:

24. Are there any outbuildings?  Yes  No **If Yes, describe the size, value and use: \_\_\_\_\_**

25. Additional comments:

**Loss History**

26. Prior Losses at this location:

Date (dd/mm/yy):	Description:	Amount Paid:
Date (dd/mm/yy):	Description:	Amount Paid:
Date (dd/mm/yy):	Description:	Amount Paid:

**NOTE: Current, clear, and color photos of the rental property (front & back) must accompany the application.**

---

Signature of Applicant/Insured	Date	Signature of Broker	Date
--------------------------------	------	---------------------	------

---

**Landlord Tips**

Protect your investment by inspecting your property on a regular basis. We recommend that you inspect exterior monthly and that you conduct a walk-through at least two times a year. Look for:

- Signs of poor housekeeping and upkeep
- Steamed, blacked out or foil on windows
- Modifications to the electrical system, or unusual wiring
- Excessive build up of mildew/ mould around exhaust vents
- Tenant(s) doesn't have any identification
- Tenant(s) wants to pay more for rent than the market price
- Tenant(s) that pay their rent by cash and/or they bring the rent to you
- Little or no furniture in the residence

These can indicate illegal activity being conducted on the premises. Exercise careful tenant selection.

We do not insure: Loss or damage however caused, which results directly or indirectly from any Illegal Substance Activity, regardless of your being unaware or able to control such activity.