

Rented Dwelling and Rented Condominium Questionnaire

Please complete a separate questionnaire for each rental location and attach recent photographs (front and back)

APPLICANT/INSURED INFORMATION AND RENTAL LOCATION ADDRESS			
Policy Number:		Broker Name:	
Applicant/Insured:		Broker Code:	
Rental Location Address:			
GENERAL INFORMATION			
# of units for rent:	All units self-contained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many units are vacant?:
Is the rental location (including any outbuildings) used for business by the tenant or Insured?		<input type="checkbox"/> Yes - Refer to Company <input type="checkbox"/> No	
Is there cultivation, harvesting or processing of any product containing cannabis (such as medical marijuana) on the premises? Risks exceeding 4 plants is prohibited		<input type="checkbox"/> Yes – Refer to Company <input type="checkbox"/> No	
Is there cultivation, harvesting or processing of any product containing cannabis (such as medical marijuana) on the premises?		<input type="checkbox"/> Yes - risk not eligible <input type="checkbox"/> No	
Is the property being rezoned for redevelopment or are there plans to redevelop?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the units furnished (excluding appliances)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do any of the units share any common areas i.e. kitchen, washroom?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there working smoke detectors and carbon monoxide detectors in each rental unit?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does each unit have: separate electrical panel		<input type="checkbox"/> Yes <input type="checkbox"/> No	separate entrances <input type="checkbox"/> Yes <input type="checkbox"/> No
MAINTENANCE			
Who is responsible for maintenance of the rental location?			
Is this an absentee landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a property manager? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details:	
Property manager:		Address:	Tel:
Inspection of rental location - check each box that applies: <input type="checkbox"/> exterior <input type="checkbox"/> interior. Date of last inspection:			
Is the rental inspected at least every 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No - state how often and Refer to Company:			
Note: Property is required to be inspected (interior/exterior) every 6 months.			
In addition to this rental location, how many rental locations does the applicant/Insured own?			
TENANCY			
Is there an annual lease/rental agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, what is the rental term: Rental terms less than 6 months in duration are not eligible			
Are tenants required to carry personal liability insurance as part of the rental conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there more than two (2) unrelated individuals sharing a unit? <input type="checkbox"/> Yes - risk not eligible <input type="checkbox"/> No			
How long have the current tenants occupied the rental location?			
Note:			
<ul style="list-style-type: none"> • Short-term rentals, rooming or boarding houses and student housing are prohibited • Tenants are not permitted to sublet their unit or house roomers or boarders • Please advise the Broker / Company of any change in tenancy or if hydro is disconnected from the rental risk as this may affect your insurance coverage. 			
ADDITIONAL INFORMATION			
CONSENT AND DISCLOSURE			
I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application/document and declare that all the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application/document for insurance is based on the truth and completeness of this information, and that:			
If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material. Any fraud or wilfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.			
Any personal information contained within this document will be handled subject to relevant laws and to the broker's or insurance company's personal information policy.			
Applicant/Insured Signature:		Date:	
Co-applicant/Insured Signature (if applicable):		Date:	
Broker Signature:		Date:	