



Wawanesa
Insurance

PERSONAL LINES PROPERTY RENTED DWELLING QUESTIONNAIRE

THE WAWANESA MUTUAL INSURANCE CO.

Insured's Name: _____ Policy Number: _____

Total # of rental properties owned: _____ How long has the insured owned the property? _____ years

Address of property: _____

✓ **Include pictures and updates as requested by the rules for the Rented Dwelling Program**

Does Insured reside outside of Canada? ☐ Yes ☐ No How far does the owner reside from this property (in km)? _____

Is the property vacant? ☐ Yes ☐ No If yes, please contact the Underwriter

How often is the property inspected? _____ Date of last interior inspection: _____ Date of last exterior inspection: _____
MM/DD/YY MM/DD/YY

Who is maintaining the property? _____

Is each unit self-contained? ☐ Yes ☐ No Number of rental units in the building: _____

Note: A Self-contained suite is a unit with its own kitchen, bathroom and a separate entrance

Describe: _____

Has the building been converted to accommodate multiple units? ☐ Yes ☐ No Was this professionally done? ☐ Yes ☐ No

Describe: _____

Number of tenants in each unit: _____ Do all the tenants carry fire legal liability insurance? ☐ Yes ☐ No

Note: Tenants are considered unrelated individuals

Are there properly functioning Carbon Monoxide Detectors in each unit? ☐ Yes ☐ No Are they hardwired? ☐ Yes ☐ No

Are there properly functioning Smoke Detectors in each unit? ☐ Yes ☐ No Are they hardwired? ☐ Yes ☐ No

How many tenants have occupied the property in the past 2 years? _____

Indicate the basis of the Rental Lease Agreement: ☐ Monthly ☐ Yearly ☐ Other, please specify _____

Rental income: \$ _____ / year

Claims history for the building: _____

Is there any unrepaired damage? ☐ Yes ☐ No

If Yes, please describe: _____

BROKER REPORT

Has the Broker seen the property? ☐ Yes ☐ No ☐ Exterior only ☐ Exterior & Interior Inspection date: _____
MM / DD / YY

If the building is insured for less than the accepted replacement cost on an Approved Calculator, please provide an explanation.

Describe: _____

Broker's Comments: _____

Brokerage: _____ Completed by: _____

Date report completed: _____ MM/DD/YY Does the Broker recommend it as a good risk? ☐ Yes ☐ No