



RENTED DWELLING QUESTIONNAIRE

Policy Number:		Insured:	
Broker:		Date:	

This form is to be completed for each rental property insured. A recognized Home Evaluator must be completed.

DWELLING

ADDRESS: _____

Is the home within 300metres (1000ft) of a fire hydrant? Yes No

Is the home within 8kms (5miles) of a responding firehall? Yes No

Construction Type: _____ Year Built: _____ No. of Stories: _____

UPDATES: For properties over 30years please describe updates:

Wiring: Copper _____ % Aluminum _____ % Knob & Tube _____ % Amp Service: _____

Year last updated _____ Full Partial Explain _____

Roofing: Year last updated _____ Full Partial Explain _____

Plumbing: Year last updated _____ Full Partial Explain _____

Copper _____ % Galvanized Steel _____ % Cast Iron _____ % ABS Plastic _____ % Other _____ %

Heating: Year last updated _____ Gas: _____ Oil: _____ Electric: _____ Hot Water: _____ Forced Air: _____ Other: _____

OCCUPANCY: Single Family Two Family Three family

Has the dwelling been modified for additional families from its original construction? Yes No

Does each unit have smoke detectors? Yes No Is there a fire alarm? Yes No

Does each unit have a separate entrance? Yes No Does each unit have a second fire exit? Yes No

Does each unit have a separate electrical panel? Yes No

Do any of the units share cooking or washroom facilities? Yes No

Are all the units in the home occupied? Yes No If no, explain: _____

Is the property vacant? Yes No Is the property for sale? Yes No

OCCUPANTS

How many people occupy each unit? _____

Are all of the occupants in each unit members of the same family? Yes No

What is the duration of the lease or rental agreement? Annual Monthly None signed

Does the lease require the tenants to carry liability insurance? Yes No

Please provide company name and policy number for the tenants' insurance.

GENERAL INFORMATION

Please provide policy details for any other rental properties owned by the insured

Does the insured live in the area of the rental property? Yes No

Who is responsible for the maintenance of the property? _____

How often is the property inspected? _____ By whom? _____

How long has the insured owned this property? _____

Previous Insurer: _____ Policy No. _____ Exp Date: _____

Please list any prior claims, including date of loss, cause and amount paid.

Signature _____

****PLEASE PROVIDE TWO CURRENT PHOTOS OF THE HOUSE, FROM TWO DIFFERENT ANGLES**