

# RENTAL DWELLING QUESTIONNAIRE

Please attach photograph of the Rental Dwelling



Broker Name	Policy Number
Insured Name	

Rental Location Addresses				
Loc 1	Street Address	City	Prov.	Postal Code
Loc 2	Street Address	City	Prov.	Postal Code
Loc 3	Street Address	City	Prov.	Postal Code

		Loc 1	Loc 2	Loc 3
1	Is there any access between units?	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Type of Rental Agreement	Annual Lease <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Monthly Rental <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Other (Describe in Remarks) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Annual Rental Income:			
4	How often does Insured inspect dwelling(s)?	Exterior		
		Interior		
5	Is Rented Dwelling under the supervision of a professional Property Management Co.?	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, how often is dwelling inspected? (Attach copy of agreement where available)	Exterior		
		Interior		
6	How many tenants have occupied this dwelling in the past 3 years (i.e. Number of families)			
7	Are there any business pursuits on premises? (If so, describe in remarks)	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Does tenant presently carry a minimum of \$500,000 Personal Liability Protection?	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**

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**The answers above are correct to the best of my knowledge and belief.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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