



**RENTED DWELLING APPLICATION**

**APPLICANT**

QUOTE ONLY  PLEASE BIND

Name Of Applicant(s): \_\_\_\_\_ Date(s) of Birth: \_\_\_\_\_

Are there more than 2 registered owners?  YES  NO

Risk Location Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

**DWELLING**

Type of Building:

- Detached Home  Semi-Detached  Duplex  Triplex  Fourplex  End Low (Townhouse)  Inside Low (Townhouse)  
 Log Home  Mobile Home (fully blocked, skirted + connected to utilities)  Other (describe): \_\_\_\_\_

Construction:

- Concrete Block/Masonry  Stucco – Wood Frame  Vinyl Siding – Wood Frame  
 Wood Siding – Wood Frame  Concrete Fiberboard – Wood Frame  Brick Veneer – Wood Frame  
 Stone Veneer – Wood Frame  Solid Log  Solid Brick  Solid Stone  Other (describe): \_\_\_\_\_

Foundation:  Concrete  Post & Pier  Brick  Stone  Treated Lumber

Year Built: \_\_\_\_\_ Square Footage: \_\_\_\_\_ No. of Stories: \_\_\_\_\_ No. of Kitchens: \_\_\_\_\_

How many amps is the electrical system?  Under 60 Amps  60 Amps  100 Amps  Over 100 Amps

Electrical System Details (check all that apply):  Circuit Breakers  Fuses  Aluminum  Knob & Tube

Year of last major update to the electrical system: \_\_\_\_\_

Type of Plumbing:  Copper  PEX  Galvanized Steel  Polybutylene  Cast Iron  Other/Combined: \_\_\_\_\_

Year of last major update to the plumbing system: \_\_\_\_\_

Roof Material:  Asphalt Shingles  Metal Panel  Flat Deck / Tar & Gravel  Cedar Shingles / Shakes  Metal Shingles  Clay Tile / Slate

Year of Roof Update: \_\_\_\_\_

**HEATING:** Year of Heating Update: \_\_\_\_\_ Note: if there is an oil tank or wood heat, an Oil Tank or Wood Heat Questionnaire is required.

Primary Heat: \_\_\_\_\_ Primary Heat Fuel Type: \_\_\_\_\_

Auxiliary Heat: \_\_\_\_\_ Auxiliary Heat Fuel Type: \_\_\_\_\_

Does the property have operational smoke detectors?  YES  NO

Is there a swimming pool on premises?  YES  NO

Distance to Fire Hydrant: \_\_\_\_\_ Distance to Fire hall: \_\_\_\_\_

**UNDERWRITING**

Who is responsible for the care and maintenance of the property?

- Insured  Neighbor  Property Manager  Friend/Relative  Tenant  Other(describe): \_\_\_\_\_

How often is the property visited?

- Once per month  3-4 times per year  Other (describe): \_\_\_\_\_

Minimum Rental Arrangements for this property:

- Daily  Weekly  Monthly  Yearly  Other(describe): \_\_\_\_\_

Number of self-contained units/suites: \_\_\_\_\_ If applicable, is motorized watercraft or motorized vehicle included in the rental?  YES  NO

Tenant Details:

- Single family per self-contained unit/suite  Students – if yes, how many students?  Roomers / Boarders  
 More than 2 unrelated tenants(not students)  Rooming House  Vacation Rental  Other (describe): \_\_\_\_\_

Does the owner's child live in the dwelling  YES  NO

Are there any business or farming pursuits on premises?  YES  NO

If yes, please describe: \_\_\_\_\_

Has this risk been declined, refused or cancelled by another insurer?  YES  NO

If yes, please describe: \_\_\_\_\_



Will there be any renovations?  YES  NO

If applicable, what is the budget renovations?

If applicable, will there be any structural renovations?  YES  NO

What are the scope and general details of the renovations:

Is the building slated for demolition?  YES  NO

Number of liens/encumbrances/mortgages:  0  1  2  3  4

Are there any sewer backup losses, insured or otherwise, at this location in the past 5 years?  YES  NO

Are there any other types of losses, insured or otherwise, at this location in the past 5 years?  YES  NO

If yes, please provide details:

**COVERAGES - LIMITS**

|  |  |                   |
|--|--|-------------------|
| Dwelling Building:   | Detached Structures:   | Major Appliances: |
| Premises Liability:  | Rental Income:   | Deductible:       |
| Sewer Backup: <input type="checkbox"/> YES <input type="checkbox"/> NO Limit Required: | Earthquake: <input type="checkbox"/> YES <input type="checkbox"/> NO |                   |

**INFORMATION REQUIRED UPON BINDING:**

|                                 |                             |       |     |
|---------------------------------|-----------------------------|-------|-----|
| Requested Effective Date:       | Principal(s) if applicable: |       |     |
| Postal Address:                 | City:                       | Prov: | PC: |
| Loss Payable(s) Name & Address: |                             |       |     |

**PLEASE READ BEFORE SIGNING**

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed. Signing this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: INSURANCE IS NOT IN EFFECT UNTIL AN INSURER HAS ISSUED A BINDER NUMBER OR POLICY DOCUMENTS.**

|                            |  |
|----------------------------|--|
| Signature of Applicant(s): | Date:  |
| Signature of Broker:       | Date:  |
| Broker Firm:               | Broker AGT #:                                  |
| Broker Email:              | Tel: <span style="float: right;">Fax #:</span> |