



Rental Dwellings & Rental Condominiums Questionnaire

(Please complete a separate questionnaire for each location)
Note: Use Form 9-80021 for Rental Seasonal/Cottage Residences

General Information

Policy Number:

Location Number:

Insured's Name:

Address of the Insured:

Address of the Rental Location:

Occupancy

Number of Units for rent?

Are all Units self contained? Yes No

Is the dwelling (including any outbuildings) used for business or any farming operations? Yes, if yes then risk not eligible. No

Maintenance

Who is responsible for the maintenance of the building?

How often is the property inspected?

_____ Interior _____ Exterior

In addition to this rental risk location, how many rented dwellings does the insured own?

Tenants

Does the Insured have lease agreements with the tenants? Yes. State term of lease below. No. If no, risk not eligible.
 Annual Monthly Other, please describe.

How long have the current tenants occupied the dwelling?

Indicate the total number of tenants in the last three years?

Note: It is strongly recommended that tenants carry their own insurance.

Rental Income

Annual Rental Income?

General

Are there any by-laws prohibiting rebuilding? Yes No

Is the dwelling slated for demolition? Yes No

Consent and Disclosure

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured wilfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

Any personal information contained in this document will be handled subject to the law and to the broker's or insurance company's policy regarding personal information.

Insured Signature:

Date:

Co-Insured Signature (if applicable):

Date:

Broker's Signature:

Date:

Please complete all the questions and attach an up-to-date photograph along with a completed Application and a RCT EvaluRater