

## 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.  
\_\_\_\_\_  
\_\_\_\_\_

Broker Signature \_\_\_\_\_

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