



**Anderson
McTague
& ASSOCIATES**

Extra Strength Underwriting.

154 Prince William St.
PO Box 1500
Saint John NB, E2L 4K3
Canada

Rented Dwelling Questionnaire

Broker:	Date:
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Insured:

Mailing Address:

Location of Risk:

Name And Address of Mortgages:

Age Of Building:	Year Purchased:	Construction:	Type Of Heating:
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Number of Stories:	Basement	Yes	No	Furnished	Unfurnished
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If constructed prior to 1980 has the wiring, plumbing and roof been updated, if so when?

a) Wiring:

- **Circuit Breakers:**
- **Fuses:**

b) Plumbing:

c) Roof:

d) Heating:

Number of Occupants:	Number of Units:
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List Names, Occupations, Age of Tenants and how long they have lived at this location:

Who is responsible for Dwelling Maintenance?	How often is Property Inspected?
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Is this an Absentee Landlord? Yes No	Is there a Lease Agreement in place? Yes No
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Amount of Rent per Unit \$	Are Tenants required to carry Insurance? Yes No
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Fire Protection: Hydrant Distance:	Fire all Distance:
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Fire Extinguishers? Yes No	Smoke Detectors: Yes No	Sprinkler System? Yes No
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Limits of Insurance

Building:
\$

Contents (major appliances only):
\$

Rents (100% Co):
\$

Liability (OLT)
\$

Has Broker seen the Risk? Yes No

Previous Insurer and Policy Number:

Loss History:

CURRENT PHOTOS OF FRONT AND BACK OF RISK MUST ACCOMPANY QUESTIONNAIRE.

I may have provided personal information in this document and by other means 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 to my 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.

Applicant's Signature:

Date: