## **Rented Dwelling Application**



Broker:		Broker Office:			
Broker Contact:		Broker Email:			
Insured:	<u>.</u>				
Mailing Address:					
Risk Address:					
Name and Address of Mortgagee:					
Age of Building: Year Pu	rchased: Constru		ıctioı	n: Nu	mber of Stories:
BUILDING UPDATES INFORMATION (REQUIRED – PROVIDE YEAR UPDATED BELOW)					
				Full	Partial
Electrical					
Heating					
Plumbing					
Roof					
BUILDING CONSTRUCTION INFO					
Type of Electrical Wiring					
Type of Plumbing					
Type of Roof					
Type of Heating					
Type of Auxiliary Heating (If any heating appliance uses wood, is it an approved unit?)					
RENTAL INFORMATION					
Number of Occupants: Number of Units:					
Student housing? Yes No					
How are tenants screened?					
Who is responsible for dwelling maintenance?					
Is this an absentee landlord? Yes No Is there			e a lease agreement in place? Yes No		
Amount of rent charged per unit(\$): Are tena			ants	required to carry insurance?	Yes No
	F	IRE PRO	TECT	ION	
Distance to a Fire Hydrant (in meters)					
Distance to a Fire Hall (in kilometers)					
Unprotected?					
Other Protection Devices:	Fire Extinguishers?			Smoke Detectors?	Sprinkler System?
			_		

LIMITS OF INSURANCE						
Building						
Outbuilding						
Contents						
Rental Value						
Liability	\$1,000,000	\$2,000,000				
Previous Insurer:	Previous Policy Number:					
Expiry date or Binding Date required:						
LOSS HISTORY – PROVIDE FULL DETAILS (IF NONE, PLEASE INDICATE BELOW)						
I may have provided personal information in personal information. Some of this personal claims history. I authorize my broker or insursubject to the law and to my broker's or insucommunicating with me, assessing my applicated detecting and preventing fraud, and analyzing is contained in this document have authorized.	information may include, but is not lin ance company to collect, use and disc rance company's policy regarding per ation for insurance and underwriting g business results. I confirm that all in d that I agree to the above on their be	nited to, my credit information and close any of this personal information, sonal information, for the purposes of my policies, evaluating claims, dividuals whose personal information ehalf.				
Applicant's Signature:	Date:					

PLEASE PROVIDE A PHOTO WITH YOUR SUBMISSION.