Intact Insurance Company

Rented Dwelling Questionnaire

Name of Insured:	Policy No.:
Location Address:	Broker Name: Crowsnest Insurance Agencies
	Broker No.:

Property Details – Inspections, Maintenance, Use

1. How long have you owned the dwelling?
2. How often is the exterior of the dwelling inspected? ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____
   Date of last exterior inspection (dd/mm/yy):
3. How often is the interior of the dwelling inspected? ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____
   Date of last interior inspection (dd/mm/yy):
4. Is the dwelling vacant? Yes ☐ If Yes, provide date property became vacant (dd/mm/yy):
   If Yes, provide a completed vacancy questionnaire.
   No ☐
5. How many other rental properties do you own?
6. Who is responsible for dwelling maintenance?
   Is the dwelling looked after by a property management company? ☐ Yes ☐ No
   If Yes, provide name of company:
7. How many rental units (i.e. single family units are there in the dwelling? _____ rental units
8. Are there any commercial operations on the premises?
   Yes ☐ If Yes, please describe:
   No ☐
9. What other insurance does the owner require? (e.g., landlord's contents, rental income, etc.)

Tenant & Lease Details

10. How many tenants have occupied the dwelling within the last 3 years?
11. How long has the current tenant(s) lived at this address?
12. How many people will be living in the dwelling?
13. Indicate the basis of the rental lease agreement: ☐ Monthly ☐ Yearly ☐ Other (describe):
14. What is the annual rental income from this dwelling? $ _____
15. What form of payment does your tenant(s) use? ☐ Cash ☐ Cheque ☐ Post-dated Cheques
16. Have you checked references/verified identification of your tenant(s)? ☐ Yes ☐ No
17. Tenant(s) occupation:
18. Are there any unrelated individuals (roomers/boarders)? ☐ Yes ☐ No How many? _____
19. Do tenant(s) have own insurance? Yes ☐
    No ☐

Building Details

20. Year Built: _____

21. Year of Updates:

Electrical	_____	☐ Full	☐ Partial
Heating	_____	☐ Full	☐ Partial
Plumbing	____	☐ Full	☐ Partial
Roof	_____	☐ Full	☐ Partial

22. Are there any wood burning stoves, fireplace inserts or oil tanks in the dwelling, or oil tanks underground?

Yes ☐ **If Yes, refer to underwriter before binding coverage**

No ☐

23. Is each floor of the residence equipped with smoke and carbon monoxide detectors and fire extinguishers that are serviced regularly to ensure proper working order?

Smoke Detectors:	Yes ☐	Fire Extinguishers:	Yes ☐	Carbon Monoxide Detectors:	Yes ☐
	No ☐		No ☐		No ☐

If No, please explain:

24. Are there any outbuildings? ☐ Yes If Yes, describe the size, value and use: _____

☐ No

25. Additional comments:

Loss History

26. Prior Losses at this location:

Date (dd/mm/yy):	Description:	Amount Paid:
Date (dd/mm/yy):	Description:	Amount Paid:
Date (dd/mm/yy):	Description:	Amount Paid:

NOTE: Current, clear, and color photos of the rental property (front & back) must accompany the application.

Signature of Applicant/Insured	Date	Signature of Broker	Date

Landlord Tips

Protect your investment by inspecting your property on a regular basis. We recommend that you inspect exterior monthly and that you conduct a walk-through at least two times a year. Look for:

- Signs of poor housekeeping and upkeep
- Steamed, blacked out or foil on windows
- Modifications to the electrical system, or unusual wiring
- Excessive build up of mildew/ mould around exhaust vents
- Tenant(s) doesn't have any identification
- Tenant(s) wants to pay more for rent than the market price
- Tenant(s) that pay their rent by cash and/or they bring the rent to you
- Little or no furniture in the residence

These can indicate illegal activity being conducted on the premises. Exercise careful tenant selection.

We do not insure: Loss or damage however caused, which results directly or indirectly from any Illegal Substance Activity, regardless of your being unaware or able to control such activity.