



Insured's Name \_\_\_\_\_ Policy No. \_\_\_\_\_

Risk Address \_\_\_\_\_

INSURED'S DECLARATION

- 1. How long has the insured owned the dwelling?
2. Is the dwelling for sale? Yes ( ) No ( ) If yes, how long?
3. Is the dwelling vacant? Yes ( ) No ( ) If yes, how long?
4. Does the insured take an active role in maintenance & upkeep? Yes ( ) No ( )
5. How often does the insured inspect the property?
6. How many tenants have occupied the dwelling within the last 3 years?
7. What is the basis of the rental agreement: Monthly ( ) Yearly ( ) Other?
8. What is the annual rental income?
9. Have additional rental units been added to the original structure? Yes ( ) No ( )
-Professional Conversion? Yes ( ) No ( ) -Number of Units for Rent?
10. Are there zoning bylaws applicable that would prohibit rebuilding? Yes ( ) No ( )
11. Is the dwelling slated for demolition? Yes ( ) No ( )
12. Does the insured take steps to prevent illegal operations (eg. - Grow Ops) such as regular interior inspections, checking for vacancy and blackened out windows, or asking neighbours to watch the home? Yes ( ) No ( )
13. Does the client own other rentals? Yes ( ) No ( ) If so, how many & where located?
Where insured?
14. Does the insured ask for references on potential tenants? Yes ( ) No ( )
15. Is the dwelling rented to students? Yes ( ) No ( )

Tenant Information:

Full Name(s) of Tenant(s)
Employer(s) Occupation(s)
How long at this address? Does the tenant carry tenants insurance?

CONFIRM: A complete interior & exterior inspection of this rental property is made on a monthly basis by the landlord.

Signed: Date:

BROKER'S STATEMENT

Dwelling Condition:

- A. Dwelling Construction: Frame ( ) Brick ( ) Brick Veneer ( ) Stone ( )
B. Dwelling: Above Average ( ) Average ( ) Below Average ( )
C. Outbuildings: Above Average ( ) Average ( ) Below Average ( )

Updates:

- D. Roof: Yes / No Full / Partial Date:
E. Plumbing: Yes / No Full / Partial Date:
F. Wiring. 200 amp 100 amp Yes / No Full / Partial Date:
G. Heating: Yes / No Full / Partial Date:
Electric Central Fuel: Aux. Heat? ( ) Yes ( ) No Describe:

Any losses in the past 3 years? If yes, provide details

Previous Insurer Policy Number

Does this risk have your recommendation? Yes ( ) No ( ) Photo Attached? Yes ( ) No ( )

Broker's Signature: Date: