

Short Term Rental Questionnaire

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| Name of Insured(s): |
| Mailing Address: |
| Short-term Rental Location Address: |

DURATION OF RENTALS:

| | | | | |
|-----------------------------------------------------------------------------|-------------------------------|--------------------------------|---------------------------------|----------------------------------|
| How many days per annum will this location be occupied by the insured? | 1-30 <input type="radio"/> | 31-90 <input type="radio"/> | 91-182 <input type="radio"/> | 183-365 <input type="radio"/> |
| How many days per annum will this location be occupied or rented by others? | 1-30 <input type="radio"/> | 31-90 <input type="radio"/> | 91-182 <input type="radio"/> | 183-365 <input type="radio"/> |

PROPERTY MANAGEMENT:

| | | | | | |
|---------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|-----------------------------------------------------------------------|---------------------------------|--------------------------------|
| Is this the insured's primary residence? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Will the insured remain in the residence for duration of all rentals? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is there a property manager? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, provide name & contact info: | | |
| How are tenants gaining access to the property (ex: by owner, by property manager, lock key box)? | | | | | |
| How often will the property be physically inspected? | | | | | |

RENTAL DETAILS:

| | | | |
|-----------------------------------------------------------------------------|---------------------------------|--------------------------------|--|
| What is the maximum number of persons permitted at any given time? | | | |
| What is the minimum age requirement for applicants? | | | |
| What is the minimum duration imposed for each tenancy? | | | |
| What is the annual gross rental income? | | | |
| Is this location advertised for rent? If yes, how is the rental advertised? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Are tenant references obtained and checked? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Are security measures in place to prevent theft or damage by tenants? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

RECREATIONAL ACTIVITIES AVAILABLE ON SITE:

| | | | |
|------------------------------------------------------------------------|---------------------------------|--------------------------------|--|
| Watercraft? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Swimming pool? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Trampoline? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Swing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Hot tub? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Will there be any food provided? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Will there be any alcohol provided? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Other (ex: climbing walls, bicycles, golf carts/ATVs, horses)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Will this location be used for any purpose other than described above? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

The answers in all parts of this application are correct to the best of my / our knowledge and belief.

I / We have read and understand the "Definition of Vacant" and the "Tenant Exclusion" clauses.

Signature of all Registered Owner(s): _____ Dated: _____