

RENTED DWELLING TENANTS QUESTIONNAIRE

Insured's Name(s): _____

Primary Residence of Insured (incl. postal code): _____

Risk Address (incl. postal code): _____

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: _____
3. How often is the interior of the dwelling inspected? () Monthly () Quarterly () Annually () Other _____
Date of last interior inspection: _____
4. Is the dwelling vacant? () Yes () No
If yes, provide date property became vacant _____
If yes, see Page 2 – Important Policy Exclusions and Restrictions
5. How many other rental properties do you own? _____
6. Is the dwelling looked after by a property management company? () Yes () No
If yes, provide name of company: _____
7. Who is responsible for dwelling maintenance? _____
8. How many rental units (i.e. single family units) are there in the dwelling? _____ rental units
9. Do any of the units share any common areas? I.E. Kitchen, washroom? () Yes () No
10. Are there any commercial operations on the premises? () Yes () No
If yes, please describe: _____

Tenant & Lease Details

11. How many tenants have occupied the dwelling within the last 3 years? _____
12. How long has the current tenant(s) lived at this address? _____
13. How many people will be living in the dwelling? _____
14. Indicate the basis of the rental / lease agreement: () Monthly () Yearly () Other _____
15. What is the annual rental income from this dwelling? \$ _____
16. Do you check references / verify identification of your tenant(s)? () Yes () No
17. Occupation(s) of all Tenant(s) - (optional) _____

18. Are there any unrelated individuals (roomers / boarders)? () Yes How Many? _____ () No
19. Do tenant(s) have their own insurance on contents and liability? () Yes () No
If available, provide the name of the insurance company, policy number and expiry date. _____

Building Details

18. Are there any wood burning stoves, airtight fireplace inserts? () Yes () No
If yes, how often is the chimney cleaned () Annually () Other _____
Date of last chimney cleaning _____

If yes, we may require a WETT inspection.

19. Are there any oil tanks in the dwelling or oil tanks underground? () Yes () No
If yes, we may require additional information.

20. The BC Fire Code requires that all rental units have a working smoke alarm, including:
• private homes
• suites within apartment buildings, and
• sleeping rooms

Are there working smoke detectors in each rental unit? () Yes () No
How many smoke alarms are in your rental unit? _____

21. Are there any outbuildings? () Yes () No
If yes, advise square footage , reconstruction value and use: _____

NOTE: Current, clear and color photos of the rental property (front and back) are required.

Important Policy Exclusions and Restrictions

- Policy is void if:
 - Tenant cultivates, harvests, processes, manufactures, stores, distributes or sells any marijuana or other narcotic
 - Vacant for more than 30 days, unless permission is given by us
 - Tenant is conducting a business on the premises, unless permission is given by us

- No cover provided for:
 - Vandalism, malicious damage or theft by tenant
 - Vandalism, water damage, sewer backup or glass breakage while vacant --- furthermore, dwelling is vacant when one tenant moves out and before the next tenant moves in.
 - Freezing, resulting in burst pipes, if your tenant is away for more than 4 consecutive days during the heating season, unless the tenant:
 - arranges for a competent person to enter the dwelling daily to ensure that heating is being maintained OR
 - shuts off the water supply and drains the pipe and appliances.

Signature of Applicant / Insured _____

Date: _____