

# RENTED DWELLING APPLICATION

A fully completed Residential Cost Estimating (RCT) Form must accompany this application.

## PART 1 GENERAL INFORMATION

Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Insured (Full Legal Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Risk Location Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Previous Insurer: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

Has any Insurer cancelled, declined, or refused you coverage?  Yes  No  
If yes, please provide details:

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied:

Loss Payee(s): \_\_\_\_\_

## PART 2 UNDERWRITING INFORMATION

How long has the insured owned the dwelling? \_\_\_\_\_ Is this risk new business to your office?  Yes  No

### DWELLING/CONSTRUCTION INFORMATION:

**Walls:**  Wood  Non Combustible  Other, please explain: \_\_\_\_\_

**Roof:**  Wood  Non Combustible  Tar & Gravel  Shake  Other, please explain: \_\_\_\_\_

**Foundation:**  Concrete  Other, please explain \_\_\_\_\_

Age of building/dwelling: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Basement?  Yes  No

How many smoke detectors do they have installed? \_\_\_\_\_ Distance to Fire Hall: \_\_\_\_\_ km Hydrant Protected:  Yes  No

### Electrical:

Breakers  Fuses  Other (Specify): \_\_\_\_\_

Has the electrical wiring been updated since the home was built?  Yes  No If "Yes" when: \_\_\_\_\_

Is there any active aluminum wiring in the home?  Yes  No If "Yes" what is the %: \_\_\_\_\_

### Plumbing:

Has the plumbing been updated since the home was built?  Yes  No If "Yes" when: \_\_\_\_\_

Age of the hot water heater / tank? \_\_\_\_\_

**Heating:**

What is the primary heating system?  Gas  Electric  Propane  Oil  Wood  Other: \_\_\_\_\_

Any supplementary/auxiliary heating system?  Yes  No If "Yes" please explain: \_\_\_\_\_

**Roof:**

Has the roof been replaced/upgraded since the home was built?  Yes  No If "Yes" when: \_\_\_\_\_

**OCCUPANCY INFORMATION:**

Total number of units? \_\_\_\_\_ Number of occupants per suite? \_\_\_\_\_ Are all units self-contained?  Yes  No

Total number of units currently rented and occupied? \_\_\_\_\_

Is the dwelling (including outbuildings) used for business or farming purposes?  Yes  No

If "Yes", please explain: \_\_\_\_\_

**PROPERTY MANAGEMENT INFORMATION:**

Does the owner live in the area?  Yes  No If "No", who maintains the property? \_\_\_\_\_

How often is the property inspected and by whom? \_\_\_\_\_

Type of inspection?  Internal  External  Other If "other", please explain: \_\_\_\_\_

**TENANT INFORMATION:**

How long have the current tenant(s) occupied the dwelling? \_\_\_\_\_

How many different tenants have occupied the dwelling in the past 3 years? \_\_\_\_\_

Does the tenant(s) have contents and liability insurance?  Yes  No

Is there a rental agreement in effect?  Yes  No If "Yes", check type:  Monthly  Annually

**MISCELLANEOUS INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 3 COVERAGE REQUIREMENTS - "PER LOCATION"**

	LIMIT OF COVERAGE
Building Limit (including any outbuildings):	\$
Contents Limit:	\$
Rental Income (100% Co-Ins) Limit:	\$
Commercial General Liability Limit:	\$



## NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

**Applicants Signature:**

**Position:**

**Please Print Name:**

**Date:**