

SHORT TERM & AIRBNB RENTAL QUESTIONNAIRE

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Risk Location: _____

Provide Website link being advertised on: _____

PART 2 OCCUPANCY

Is the Risk Location the Insureds primary and full time residence? If "No", please provide primary address below: Yes No

How often do Insureds reside at dwelling? _____

If Risk Location is the Insureds primary and full-time residence, do the Insureds stay at the dwelling during rentals? Yes No

How many weeks per year (estimated) will this property be rented? _____

How many self-contained suites? _____ Maximum number of tenants: _____

PART 3 MAINTENANCE & PROTECTION

Who is responsible for arranging the rentals?

Insured Property Manager Other (include relation): _____

How often is the property inspected? _____

Is there a swimming pool on-site? Yes No

If "Yes" to above, is it: In-Ground Above Ground Fenced Diving Board

Is there an alarm system installed? Yes No If "Yes", is it: Monitored Local

Are there any wood burning appliances in the dwelling? Yes No

PART 4 MISCELLANEOUS INFORMATION

Are there any additional services/equipment provided to guests? If "Yes" please complete the below: Yes No

Tours Boats/Bikes Spa Services Meals Other: _____

Are there any additional charges for these services? Yes No

Is this the Insureds primary source of income? Yes No

Estimated Annual Income from rentals: _____

Is a business license required, per local bylaws? Yes No

If this risk is a STRATA, are there any regulations prohibiting the use of units for short-term rentals? Yes No

Has the Insured obtained permission from Strata Council for rentals? Yes No

Does the Insured own other short term rental properties? Yes No

Please forward the completed questionnaire along with a completed CSIO application and photos of the risk to your Can-Sure underwriter.