



Intact Insurance Company
Niche Products – Toronto Branch
niche.centralatlantic@intact.net

700 University Avenue, Suite 1500, Toronto, Ontario M5G 0A1
 Tel: (416) 941-5221, Toll Free Tel: 1-888-228-2618
 Fax: (416) 941-5380, Toll Free Fax: 1-866-941-5380

Rented Dwelling Questionnaire

Broker Name:		Contact Name:		Date:
Telephone #:	Fax #:	Email Address:		
Has Broker seen the Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Applicants Name:		Mailing Address:		
Previous Insurer and Policy Number:		Expiry Date:		
Have they offered renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain:				
Location Address:				
Mortgage(s) Name and Address:				
Is this a Heritage Designated building? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Year Built:	# Storeys:	Total area of building:	Construction:	
Year Purchased:	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished			
Electrical: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminium <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Other:				
Electrical System: <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> 60 amp <input type="checkbox"/> 100 amp <input type="checkbox"/> 200 amp <input type="checkbox"/> Other:				
Electrical System Updated: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:				
Have the Electrical System updates been inspected by a licensed electrician? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing: Updated: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: Type:				
Roof: Age of roof:				
Heating: <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Electric <input type="checkbox"/> Other:				
Heating Fuel Type: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil* <input type="checkbox"/> Propane* <input type="checkbox"/> Solid Fuel* <input type="checkbox"/> Other:				
<i>*Additional Questionnaire may be required</i>				
Any auxiliary heating? <input type="checkbox"/> No <input type="checkbox"/> Yes, type:				
Heating System Updated: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:				
Fire Protection: Hydrant Distance: Fire Hall Distance:				
Fire Extinguishers?		Smoke Detectors?		Carbon Monoxide Detectors?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any portion of the building been remediated (due to mould, asbestos, grow ops. etc.) in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes provide details:				
Number of self-contained apartments:		How many are rented:	How many are vacant:	Number of occupants:

Are any of the apartments used for shared accommodation/rooming house/boarding house? Yes No

If Yes, please complete the Shared Accommodation Questionnaire.

List Names, Age of Tenants and how long they have lived at this location:

Are any of the apartments used for Short Term Rental (i.e. rental term less than 12 months)? Yes No

If Yes, please complete the following questions:

Type of rental: Entire home Self-contained apartments Basement apartment Other, specify:

Which online networks are used to rent out the property?

Airbnb FlipKey HomeAway VRBO Other, specify:

Approximate number of days the property is rented out:

Does the Insured actively participate in the selection process of the tenants occupying the premises? Yes No

If there is a basement apartment, is it in compliance with local municipalities and by-laws? Yes No

Amount of Rent per Unit: \$

Are written contracts in place with tenants? Annual Yes No Short term Yes No

Are tenants required to carry insurance?

Yes No

Is this an Absentee Landlord? Yes No

Is Legal Letter of Authority in place? Yes No **(If Yes, please attach copy)**

Who is responsible for property maintenance?

How often is property inspected?

What measures are taken to ensure the safe use of amenities, swimming pool and/or any other water sources that tenants can access? **Describe:**

Name and address of person/manager authorized to manage and maintain building on behalf of Insured:

Limits of Insurance

Building: \$

Contents (major appliances only): \$

Rental Income: \$

Liability (OLT) \$

Other Required Coverages:

Loss History (previous five years) open and/or closed claims:

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Applicant's Signature:

Date:

CURRENT PHOTOS OF FRONT AND BACK OF RISK MUST ACCOMPANY QUESTIONNAIRE.