



**Intact Insurance Company**

**Niche Products – Toronto Branch**

Suite 1500, 700 University Avenue

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

## Seasonal Dwelling Questionnaire

Broker:	Date:
---------	-------

Insured:

Mailing Address:

Location Address:

Mortgagee(s) Name and Address:

Age of Building:	Year Purchased:	Construction:
Number of Stories:	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Furnished <input type="checkbox"/> Unfurnished

**Electrical:**  Copper  Aluminium  Knob & Tube  Other:

Electrical System:  Circuit Breakers  Fuses  60 amp  100 amp  200 amp  Other:

Electrical System Updated:  Yes, date:  No

Have the Electrical System updates been inspected by a licensed electrician?  Yes  No

**Plumbing:** Type: Updated:  Yes, date:  No

**Roof:** Age of roof:

**Heating:**  Furnace  Boiler  Electric  Other:

Heating Fuel Type:  Natural Gas  Oil\*  Propane\*  Solid Fuel\*  Other:

*\*Additional Questionnaire may be required*

Auxiliary heating?  No  Yes, type: ***If wood burning stove, attach wood questionnaire & photo of stove.***

Heating System Updated:  Yes, date:  No

**Fire Protection:** Hydrant Distance: Fire Hall Distance:

Fire Extinguishers?  Yes  No Smoke Detectors?  Yes  No Sprinkler System?  Yes  No

What months is the residence is occupied by the Insured?

<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

Is the residence rented to others?  Yes  No

***If yes, please complete the following questions:***

Who is responsible for property maintenance?

How often is property inspected?

Approximate number of days rented?

What months is the property available for rent:

- January       February       March       April       May       June  
 July       August       September       October       November       December

What online networks are used to rent out the property?

- Airbnb     FlipKey     HomeAway     VRBO     Other, specify:

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

Are written rental contracts in place with tenants?     Yes     No

Who does the Insured rent to?     Families     Students     Repeat clients     Others, describe:

Rental charges per week?

Is there a fire pit on the premises?     Yes     No    Is there a swimming pool?     Yes     No

Is there a playground on Premises?     Yes     No    Is watercraft included in the rental?     Yes     No

Any bike rentals?     Yes     No

Other amenities, describe:

Are there any other buildings on the lot?     Yes     No     Garage     Shed     Boat House     Guest House

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

## Limits of Insurance

Building:

\$

Contents:

\$

Rents (100% Co):

\$

Liability (OLT)

\$

Has Broker seen the Risk?     Yes     No

Previous Insurer and Policy Number:

Loss History:

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

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: