



Intact Insurance Company
Niche Products – Toronto Branch
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Rented Dwelling Questionnaire

Broker Name:	Contact Name:	Date:
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Telephone #:	Fax #:	Email Address:
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Has Broker seen the Risk? Yes No

Applicants Name:	Mailing Address:
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Previous Insurer and Policy Number:	Expiry Date:
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Have they offered renewal? Explain:

Location Detail

Location of Risk (if different from mailing address):

Is this a Heritage Designated building Yes No

Year Built:	# Storeys:	Total area of building:	Construction:
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Year Purchased:	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished
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Electrical: Copper Aluminium Knob & Tube Other:
Electrical System: Circuit Breakers Fuses 60 amp 100 amp 200 amp Other:
Electrical System Updated: Yes No Date:
Have the Electrical System updates been inspected by a licensed electrician? Yes No

Plumbing: Updated: Yes No Date: Type:

Roof: Age of roof:

Heating: Furnace Boiler Electric Other:
Heating Fuel Type: Natural Gas Oil* Propane* Solid Fuel* Other:
Any auxiliary heating? No Yes, Type:
**Additional Questionnaire may be required*
Heating System Updated: Yes No Date:

Fire Protection: Hydrant Distance: Fire Hall Distance:

Fire Extinguishers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoke Detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Carbon Monoxide Detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Has any portion of the building been **remediated** (due to mould, asbestos, grow ops. etc.) in the past five years?

Yes No If Yes provide details:

Occupancy – please use back of page for additional space, if required.

Number of self-contained apartments:	How many are rented:	How many are vacant:	Number of occupants:
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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:

Amount of Rent per Unit:

\$

Is there a Lease Agreement in place?

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 attached copy)*

Who is responsible for Dwelling Maintenance?

How often is Property Inspected?

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.