

**Rented dwelling questionnaire**Applicable to all types of rented dwellings, including condos

Ро	licy Number:
То	day's Date:
Bro	okerage:
Bro	oker Name:
Ins	ured's Name:
Ins	ured's Address:
Ad	dress this questionnaire applies to:
1.	If single family home: is it currently occupied or vacant?
	If the client answers <b>vacant</b> , refer to underwriting.
	he client answers <b>no</b> to any of the following questions, refer to underwriting.  Does each unit have a separate entrance? Yes No
2.	
3.	Does each unit have its own kitchen and washroom facilities? Yes No
4.	Is each unit rented on an annual basis? (N/A for short term rental endorsement) Yes No
5.	Does the tenant have an in force tenant insurance policy? (N/A for short term rental endorsement) Yes No
6.	Is the property inspected two or more times per year, by you or your delegate? Yes No
If t	he client answers <b>yes</b> to any of the following questions, refer to underwriting.
7.	Are there three or more unrelated occupants in any unit?  Yes No
8.	Do you have any other rental properties not insured by us? Yes No