

**Toronto Office:** 18 King St. E., Suite 300 Toronto, ON M5C 1C4 T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

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## ADDITIONAL QUESTIONNAIRE FOR PROPERTY MANAGERS

To be completed with SUM Insurance Miscellaneous Errors and Omissions Application

NAME OF OWNERS	DESCRIPTION	BUILDING VALUE	RENTAL VALUE
a)		\$	\$
b)		\$	\$
c)		\$	\$
d)		\$	\$
Other (specify):%			Pany or perso
☐ Yes ☐ No If Yes, indicate, as a perce properties identified in Question 2:	entage, the Applicant's ownership	interest in each of the bu	ildings and/or
☐ Yes ☐ No If Yes, indicate, as a perce	r negotiating, effecting		