

# Rented Dwellings & Student Rentals

## SECTION 1: APPLICANT INFORMATION

- Name of Insured: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- Risk Location (Legal Address): \_\_\_\_\_
- Principals (if in a company name): \_\_\_\_\_
- Mortgages (Name & Address):

## SECTION 2: BUILDING DETAILS

- Hydrant within 300m:  Yes  No
- Fire Hall:  Paid  Volunteer      Within 8 km:  Yes  No
- Construction:
 

<input type="checkbox"/> Brick	<input type="checkbox"/> Frame	<input type="checkbox"/> Stone	<input type="checkbox"/> Masonry
<input type="checkbox"/> Log	<input type="checkbox"/> Other (describe): _____		
- Foundation:
 

<input type="checkbox"/> Concrete/Poured Concrete	<input type="checkbox"/> Brick	<input type="checkbox"/> Stone
<input type="checkbox"/> Preservative – Treated Lumber	<input type="checkbox"/> Post & Pier	
- Age of Building: \_\_\_\_\_ No. of Storeys: \_\_\_\_\_ Total Sq. Feet: \_\_\_\_\_
- Does the property have fire extinguishers?  Yes  No
- Does the property have operable smoke detectors?  Yes  No
- Does the property have operable sprinklers?  Yes  No
- Electrical Outage:  60 amp     100 amp     200 amp
- Electrical System:
 

<input type="checkbox"/> Breakers	<input type="checkbox"/> Fuses	<input type="checkbox"/> Aluminum Wiring	<input type="checkbox"/> Other (describe): _____
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- Year Electrical Updated: \_\_\_\_\_
- Is there any knob & tube wiring?  Yes  No    *If yes*, indicate location: \_\_\_\_\_
- Type of Plumbing: \_\_\_\_\_ Year Plumbing Updated: \_\_\_\_\_

14. Type of Roof/Covering: \_\_\_\_\_ Year Roof Updated: \_\_\_\_\_
15. Is there a central heating system?  Yes  No Year Heating Updated: \_\_\_\_\_
16. Heating Details/Fuel: \_\_\_\_\_  
**If Oil is used, please attach [Oil Tank Questionnaire](#) and [photos of oil tank\(s\)](#).**
17. Is there a solid fuel heating unit?  Yes  No  
**If yes, please attach [Solid Fuel Heating Unit Questionnaire](#).**
18. Rented Dwelling:  Yes  No **If yes, number of units:** \_\_\_\_\_
19. Are the units single family?  Yes  No  
**If other, please describe:** \_\_\_\_\_
20. Is each unit a self-contained suite?  Yes  No
21. Student Rental:  Yes  No **If yes, number of students:** \_\_\_\_\_
22. How many kitchens? \_\_\_\_\_ How many washrooms? \_\_\_\_\_  
**There will be a "No Cooking in Rooms Warranty" on each policy for Student Rentals.**
23. Are leases obtained?  Yes  No Term of Lease? \_\_\_\_\_
24. Do you obtain proof of insurance from your tenants?  Yes  No

### SECTION 3: MAINTENANCE

1. How often is the property visited? \_\_\_\_\_ By whom? \_\_\_\_\_
2. Is there a Property Manager?  Yes  No  
**If yes, please provide details:** \_\_\_\_\_
3. What arrangements have been made to maintain the property and attend the grounds?
4. Who is responsible for snow removal? \_\_\_\_\_

### SECTION 4: INSURANCE & LOSS HISTORY INFORMATION

1. Previous Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_
2. Expiring Premium: \_\_\_\_\_ Expiry Date: \_\_\_\_\_
3. Is the above Insurer offering renewal?  Yes  No  
**If yes, renewing premium:** \_\_\_\_\_  
**If no, please advise why not:** \_\_\_\_\_
4. Requested Effective Date: \_\_\_\_\_



5. Claims Experience. Describe all liability losses or incidents paid, or reserved, for the last 5 years (include dates and amounts):

**SECTION 5: COVERAGES**

Limits:

- 1. Building: \_\_\_\_\_ Contents (appliances only): \_\_\_\_\_
- 2. Rental Income: \_\_\_\_\_ Deductible: \_\_\_\_\_
- 3. Please select Extensions (Note, we may have limitations or may not be able to offer these extensions for some risks/regions):
  - Sewer Backup       Flood       Earthquake       EBI Coverage
  - Broad Form Package extensions
- 4. Liability Limit: \_\_\_\_\_ (We quote \$2,000,000 as our standard limit)

**Current photos (front and back) are required. Please attach an ITV, if available.**

**SECTION 6: DECLARATION**

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk -Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)	Title/Position
Signature of Applicant	Date (MM/DD/YYYY)

**BROKER CONTACT INFORMATION**

Agent Name: _____	Brokerage Name: _____
Email: _____	Address: _____
Phone: _____	City / Province: _____
Fax: _____	Postal Code: _____

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