

# Short Term Residential Rental Properties

Please provide current photos of the property and an EZ\_ITV or equivalent evaluator with your application.

## SECTION 1: APPLICANT INFORMATION

1. Name of Insured: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Risk Location (Legal Address): \_\_\_\_\_
4. Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
5. Email: \_\_\_\_\_ Website: \_\_\_\_\_
6. Loss Payee: \_\_\_\_\_
7. Additional Insured: \_\_\_\_\_

## SECTION 2: UNDERWRITING INFORMATION

1. If the Applicant is an incorporated company, please confirm if there are any other operations other than the ownership of the specific short term rental building?  
\_\_\_\_\_

2. Are you registered with:  AirBnB  Booking.com  HomeAway  Other

Please provide your registration score: \_\_\_\_\_

3. Number of Rental Units: \_\_\_\_\_
4. How long has the Applicant owned the building? \_\_\_\_\_
5. What is the percentage in a year the client resides in the building? \_\_\_\_\_
6. What is the percentage the client is present during the rentals? \_\_\_\_\_
7. How many kilometres away from the property does the Applicant live? \_\_\_\_\_
8. What is the usual length of each rental period? \_\_\_\_\_
9. For how many weeks will the property be rented? \_\_\_\_\_
10. Are there any commercial or business operations in or on this property?  Yes  No

If **yes**, please provide details:  
\_\_\_\_\_

11. Is the property being zoned for redevelopment?  Yes  No
12. Who is responsible for the building maintenance?  Yes  No
13. Do you have a property manager?  Yes  No

14. How often is the property inspected? \_\_\_\_\_
15. Is the property inspected before and after each rental?  Yes  No
16. Annual Amount of Rent: \_\_\_\_\_
17. Is the access road to the property open year-round?  Yes  No
18. Is smoking permitted within the buildings on the premises? This includes any covered extensions of the building such as decks, porches, sunrooms, etc.  Yes  No
19. Is the use of bicycles, watercraft or recreation equipment included with rental?  Yes  No
20. Are the watercraft motorized or un-motorized?  Motorized  Un-motorized
- If **motorized**, please describe and provide the HP:
- \_\_\_\_\_

### SECTION 3: PROPERTY DETAILS

1. Wall Construction:  Reinforced Concrete  Hollow Concrete Block  
 Solid Brick Masonry  Brick Veneer  
 Glass Panel - Metal Frame  Metal Clad - Steel Frame  
 Frame/Stucco  Log, Rustic
2. Roof Construction:  Concrete Joist  Steel Deck  
 Wood Joist  Heavy Timbers  
 Open Steel System, Corrugated Metal, Steel Trusses  
 Open Wood, Corrugated Metal
3. Floor Construction:  Reinforced Concrete (Fire Resistive)  Wood (Combustible)  
 Concrete Pad (Non-Combustible)
4. Total Area of Building (including Basement): \_\_\_\_\_
5. Total Area Occupied by Insured: \_\_\_\_\_
6. Storeys (excluding Basement): \_\_\_\_\_
7. Basement?  Yes  No
8. Type of Heating: \_\_\_\_\_ Secondary Heating: \_\_\_\_\_
9. Year Built: \_\_\_\_\_
10. Type of Electrical System:  Circuit Breakers  Fuses
11. Updates of Building (if over 35 years old):  Heating  Wiring  Roof  Plumbing
12. Are the updates full or partial?  
 Heating: \_\_\_\_\_ Wiring: \_\_\_\_\_ Roof: \_\_\_\_\_ Electrical: \_\_\_\_\_
13. What year was each update completed?  
 Heating: \_\_\_\_\_ Wiring: \_\_\_\_\_ Roof: \_\_\_\_\_ Electrical: \_\_\_\_\_
14. Age of Water Tank? \_\_\_\_\_
15. Distance to Hydrant: \_\_\_\_\_  metres  feet  
 Distance to Firehall: \_\_\_\_\_  kms  miles



16. Is the risk location sprinklered?  Yes  No
17. Fire Alarm:  None  Local  Monitoring  ULC Certified (attach certificate)
18. Burglar Alarm:  None  Local  Monitoring  ULC Certified (attach certificate)
19. Extent of Protection:  Perimeter  Area

#### 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. Are you aware of any incident which may result in a claim against you?  Yes  No  
**If yes**, please provide details: \_\_\_\_\_
- 
5. Claims Experience. Describe all liability losses or incidents paid, or reserved, for the last 5 years (include dates and amounts): \_\_\_\_\_
- 

#### SECTION 5: COVERAGES

Coverage	Coverage Required?	Limit
Building	<input type="radio"/> Yes <input type="radio"/> No	
Contents	<input type="radio"/> Yes <input type="radio"/> No	
Business Interruption	<input type="radio"/> Yes <input type="radio"/> No	
Boiler & Machinery (Equipment Breakdown)	<input type="radio"/> Yes <input type="radio"/> No	
Commercial General Liability	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> \$2,000,000 <input type="checkbox"/> Other:

**SECTION 6: OTHER INFORMATION**

1. Please provide any other information you feel would assist in the evaluation of your application:

**SECTION 7: 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: \_\_\_\_\_