

# RENTAL / SECONDARY DWELLING QUESTIONNAIRE

\*Must Complete for each Rental or Secondary Dwelling

Name and/or Policy #

Occupancy: Manager/Employee

Tenant Occupied – Type 2 or 3

Seasonal Dwelling – Type 2 or 3

Family Occupied

If dwellings are occupied by a family member, please list name and relationship:

Is there a rental agreement: Yes ☐ No ☐

Does tenant carry liability insurance? Yes ☐ No ☐

If yes, Carrier: Effective Date:

Limits of Liability:

**Please provide a Certificate of Liability within 30 days**

What precautions are taken to mitigate a loss when unoccupied?

How often are the premises visited / inspected?

Do the tenants have dogs: Yes ☐ No ☐

If yes, please list breeds:

Seasonal: Is it occupied by the insured only? Yes ☐ No ☐

If not, please explain:

(Decline if rented by the weekend, week or month)

Type of Alarm: Smoke ☐ Fire ☐ Sprinkler ☐ Central ☐ Local ☐

Are smoke alarm batteries replaced every 6 months? Yes ☐ No ☐

Who is responsible for replacing batteries:

Roof:

Age:

Pitch:

Covering:

Built-up:

Shingle:

Other:

Updates: (indicate year updated)

Heat:

Plumbing:

Electric:

Partial:

Complete:

Type of Heating System:

Gas:

Electric:

Oil:

Coal:

Alternative:

Explain below:

Circuit:

Breakers:

Fuses:

#Amps:

Woodstove or Fireplace:

Yes ☐ No ☐

If yes, submit photo of Fireplace or Woodstove. Please complete Wood burning Stove questionnaire.

Solar Panels:

Yes ☐ No ☐

If yes, provide location:

Primary source of heat:

Swimming Pool:

Yes ☐ No ☐ (Must be fenced and self-locking gate)

Is there a diving board?

Yes ☐ No ☐

Trampolines:

Yes ☐ No ☐

Other Information Pertinent to Risk/Special Conditions on Premises?

Explain:

☐ I believe the above information to be true and correct.

Insured's Name:

Date:

Insured's Signature or Legal Representative: \_\_\_\_\_

**Pictures must be sent to carrier. Please include all sides of dwelling.**