



[Property Application]

RENTED DWELLING APPLICATION



canSURE

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RENTED DWELLING APPLICATION

A fully completed Residential Cost Estimating (RCT) Form must accompany this application.

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Previous Insurer: _____ Expiry Date: _____ Expiring Premium: _____

Has any Insurer cancelled, declined, or refused you coverage? Yes No
If yes, please provide details:

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied:

Loss Payee(s): _____

PART 2 UNDERWRITING INFORMATION

How long has the insured owned the dwelling? _____ Is this risk new business to your office? Yes No

DWELLING/CONSTRUCTION INFORMATION:

Walls: Wood Non Combustible Other, please explain: _____

Roof: Wood Non Combustible Tar & Gravel Shake Other, please explain: _____

Foundation: Concrete Other, please explain _____

Age of building/dwelling: _____ Number of Stories: _____ Square Footage: _____ Basement? Yes No

How many smoke detectors do they have installed? _____ Distance to Fire Hall: _____ km Hydrant Protected: Yes No

Electrical:

Breakers Fuses Other (Specify): _____

Has the electrical wiring been updated since the home was built? Yes No If "Yes" when: _____

Is there any active aluminum wiring in the home? Yes No If "Yes" what is the %: _____

Plumbing:

Has the plumbing been updated since the home was built? Yes No If "Yes" when: _____

Age of the hot water heater / tank? _____

Heating:

What is the primary heating system? Gas Electric Propane Oil Wood Other: _____

Any supplementary/auxiliary heating system? Yes No If "Yes" please explain: _____

Roof:

Has the roof been replaced/upgraded since the home was built? Yes No If "Yes" when: _____

OCCUPANCY INFORMATION:

Total number of units? _____ Number of occupants per suite? _____ Are all units self-contained? Yes No

Total number of units currently rented and occupied? _____

Is the dwelling (including outbuildings) used for business or farming purposes? Yes No

If "Yes", please explain: _____

PROPERTY MANAGEMENT INFORMATION:

Does the owner live in the area? Yes No If "No", who maintains the property? _____

How often is the property inspected and by whom? _____

Type of inspection? Internal External Other If "other", please explain: _____

TENANT INFORMATION:

How long have the current tenant(s) occupied the dwelling? _____

How many different tenants have occupied the dwelling in the past 3 years? _____

Does the tenant(s) have contents and liability insurance? Yes No

Is there a rental agreement in effect? Yes No If "Yes", check type: Monthly Annually

MISCELLANEOUS INFORMATION:

PART 3 COVERAGE REQUIREMENTS - "PER LOCATION"

	LIMIT OF COVERAGE
Building Limit (including any outbuildings):	\$
Contents Limit:	\$
Rental Income (100% Co-Ins) Limit:	\$
Commercial General Liability Limit:	\$

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature:

Position:

Please Print Name:

Date: