



Your Insurance Broker  
Understands

# BENCHARSKI INSURANCE SERVICES LTD.

## Insurance Brokers

### RENTED DWELLING QUESTIONNAIRE

INSURED'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

NUMBER OF RENTAL PROPERTIES OWNED BY THE INSURED: \_\_\_\_\_

LOCATION: \_\_\_\_\_ INSURANCE PROVIDER: \_\_\_\_\_

RISK ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ YEAR BUILT: \_\_\_\_\_

HOW LONG HAS THE INSURED OWNED THE RISK PROPERTY: \_\_\_\_\_

IS THE PROPERTY FOR SALE: Yes / No      HOW LONG: \_\_\_\_\_

# OF STORIES: \_\_\_\_\_ # OF UNITS: \_\_\_\_\_

CONSTRUCTION TYPE: \_\_\_\_\_ UNFINISHED BASEMENT: Yes / No

HAVE ADDITIONAL RENTAL UNITS BEEN ADDED TO THE ORIGINAL STRUCTURE: Yes / No

WAS THE ADDITION A PROFESSIONAL CONVERSION: Yes / No

Wiring	Year Updated	Partial <input type="checkbox"/> Full <input type="checkbox"/>		% Knob & Tube
	Fuses <input type="checkbox"/>	Circuit Breaker <input type="checkbox"/>		# of Amps _____
Plumbing	Year Updated	Partial <input type="checkbox"/> Full <input type="checkbox"/>	% Copper	% Galvanized
Roof	Year Updated	Dwelling	Outbuilding(s)	
Heat	Year Updated			
	Gas <input type="checkbox"/> Other _____	Oil <input type="checkbox"/>	Electric <input type="checkbox"/>	Hot Water <input type="checkbox"/>

#### RECENT PHOTO OF DWELLING FRONT & BACK MUST ACCOMPANY THIS QUESTIONNAIRE

WHO IS RESPONSIBLE FOR DWELLING MAINTENANCE: \_\_\_\_\_

IS THE INSURED AN ABSENTEE LANDLORD: Yes / No      DO YOU HAVE A PROPERTY MGR: Yes / No

PROPERTY MGR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOW OFTEN IS PROPERTY INSPECTED: \_\_\_\_\_ DATE OF LAST INSPECTION: \_\_\_\_\_

OVERALL MAINTENANCE RATING:      EXCELLENT \_\_\_\_\_ GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_



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MAINTENANCE COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IS THE PROPERTY VACANT: Yes / No FOR HOW LONG: \_\_\_\_\_

IS THERE A LEASE AGREEMENT IN PLACE: Yes / No (ATTACH A COPY OF LEASE AGREEMENT)

DO YOU REQUIRE REFERENCES ON POTENTIAL TENANTS: Yes / No \_\_\_\_\_

WHAT TYPE OF LEASE AGREEMENT: Monthly / Yearly / Other \_\_\_\_\_

HAVE YOU CONFIRMED THE INSURED TAKES AN ACTIVE ROLE IN THE OVERALL MAINTENANCE AND UPKEEP OF THE DWELLING: Yes / No / Other \_\_\_\_\_

MONTHLY RENT AMOUNT: \$ \_\_\_\_\_ RENT PAID BY: Cheque / Cash / Other \_\_\_\_\_

DOES THE INSURED RENT TO STUDENTS: Yes / No

DOES THE INSURED TAKE STEPS TO PREVENT ILLIGAL OPERATIONS ON THE SUCH AS PERFORMING REGULAR INTERIOR INSPECTIONS, CHECKING FOR UNOCCUPANCY AND BLACKENED OUT WINDOWS OR ASKING NEIGHBOURS TO WATCH THE PREMISES: Yes / No

HOW MANY TENANTS HAVE BEEN OCCUPANTS IN THE LAST 3 YEARS: \_\_\_\_\_

DO THE OCCUPANTS CARRY TENANTS INSURANCE: Yes / No

POLICY NO.: \_\_\_\_\_ INSURER: \_\_\_\_\_

TENANTS FULL NAME: \_\_\_\_\_

TENANTS OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

IF SELF EMPLOYED, PROVIDE FULL DETAILS: \_\_\_\_\_

HOW LONG HAS TENANT BEEN AT THIS ADDRESS: \_\_\_\_\_

IF UNDER ONE YEAR, HOW LONG AT PREVIOUS ADDRESS: \_\_\_\_\_

ANY COMMERCIAL OR BUSINESS OPERATIONS TAKING PLACE AT THE PROPERTY ? Y \_\_\_\_ N \_\_\_\_

IF YES, PROVIDE DETAILS: \_\_\_\_\_

\_\_\_\_\_

*IF SHARED ACCOMODATION, PLEASE PROVIDE NAME, OCCUPATION AND RELATIONSHIP OF EACH PERSON*

NUMBER OF FAMILIES AT THIS ADDRESS: \_\_\_\_\_ NUMBER OF OCCUPANTS: \_\_\_\_\_

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Signature \_\_\_\_\_ Date \_\_\_\_\_