



Intact Insurance Company

Rented Dwelling Questionnaire

This questionnaire is to be completed by the broker for rented dwellings insured by Intact Insurance Company and submitted in conjunction with the Application for Habitational Insurance or equivalent.

Form with fields: Name of Insured, Policy Number, Location of address, Broker Number, Broker Name

- 1. Have you seen the exterior of the dwelling? Yes [] No []
2. Have you seen the interior of the dwelling? Yes [] No []
3. Is the dwelling vacant? Yes [] No [] If Yes, how long?
4. How long has the insured owned the dwelling?
5. How many other rental properties does the insured own?
6. Who is responsible for dwelling maintenance?
7. How often does the insured inspect the property?
8. How many rental units (i.e. single family units are there in the dwelling? rental units
9. Are there any commercial operations on the premises? Yes [] No [] If yes, please describe:
10. How many tenants have occupied the dwelling within the last 3 years?
11. Indicate the basis of the rental lease agreement: [] Monthly [] Yearly [] Other (describe):
12. What is the annual rental income from this dwelling? \$
13. Are there any wood burning stoves, fireplace inserts or oil tanks in the dwelling, or oil tanks underground? Yes [] No []
14. Year Built: Updates: Electrical Heating Plumbing Roof
15. What other insurance does the owner require? (e.g., landlord's contents, rental income, etc.)
16. Do tenant(s) have own insurance? Yes [] No [] If yes, provide details on insurance policy, company and expiry date.
17. Is each floor of the residence equipped with smoke and carbon monoxide detectors and fire extinguishers that are serviced regularly to ensure proper working order? Yes [] No []
18. Additional comments:

I have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal 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, renewals, changes of coverage, 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 of Applicant/Insured Date Signature of Broker Date