MILNCO INSURANCE
BROKER SOLUTION CENTRE

RENTED DWELLING QUESTIONNAIRE

CURRENT PHOTOGRAPHS (NOT MORE THAN 6 MONTHS OLD) OF THE FRONT & BACK OF THE DWELLING AND ALL OUTBUILDINGS ARE REQUIRED WITH THIS QUESTIONNAIRE

APPLICANT INFORMATION
Name of Applicant(s):
Risk Location Address: Phone:
Broker:
Policy Number:
How many rental properties does the insured own?

MAINTENANCE & PROTECTION
Duration of the lease or rental agreement: ☐ Monthly ☐ Annually ☐ None Signed
Who is responsible for the maintenance of the property: ☐ Insured ☐ Property Manager ☐ Other (include relation):
How often is a competent person entering and inspecting the risk: ☐ Daily ☐ Weekly ☐ Monthly ☐ Other (describe):
Local or Monitored alarm: Yes ☐ No ☐

PROPERTY AND OCCUPANCY DETAILS			
Construction Type		Number of self-contained suites:	
Year Built		Number of people occupying each unit:	
if over 25 years of age, when were the following items updated or replaced		Each unit has a separate entrance? Yes ☐ No ☐	
Roof		All the units in the home are occupied? Yes ☐ No ☐	
Plumbing		All of the occupants are members of the same family? Yes ☐ No ☐	
Electrical		Do any of the units share common space? Yes ☐ No ☐	
Heating		Swimming pool or Hot Tub on-site? Yes ☐ No ☐	
No. of outbuildings on the property:		Are the outbuildings in good condition? Yes ☐ No ☐	
Wood-burning unit? Yes ☐ No ☐		*If yes, please complete Wood Heat Questionnaire*	
Oil tank? Yes ☐ No ☐		*If yes, please complete Oil Tank Questionnaire*	
Business pursuits on premises? Yes ☐ No ☐		*If yes, please describe:*	

BROKER SIGNATURE:	DATE SIGNED:
APPLICANT SIGNATURE:	DATE SIGNED: