

SHORT-TERM RENTAL QUESTIONNAIRE

FOR EXISTING CLIENTS RENTING SEASONAL HOMEOWNER, MOBILE HOME SEASONAL DWELLING OR SEASONAL CONDOMINIUMS TO FAMILY/FRIENDS LESS THAN 12 WEEKS PER YEAR

INSURED MUST MAINTAIN A LOG OF THE NAMES OF THE INDIVIDUALS AND DATES THEY OF RENTAL

APPLICANT INFORMATION	
Applicants:	
Policy number:	Phone number or email:
Broker:	
Mailing address:	
Risk address:	
Do local bylaws permit short term rentals?	
Rentals are arranged by: <input type="checkbox"/> Insured <input type="checkbox"/> Property Manager <input type="checkbox"/> Other (include relation):	
Estimated Annual Income from rentals:	
Is the rental advertised (i.e., Rental pool, newspaper, website)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please include all links and website:	
OCCUPANCY	
Length of time the property is rented: <input type="checkbox"/> 1 to 4 weeks <input type="checkbox"/> 5 to 8 weeks <input type="checkbox"/> 9 to 12 weeks <input type="checkbox"/> more than 12 weeks	
Does the owner occupy the dwelling at the same time as renters? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many beds:	Maximum number of tenants per suite:
Minimum length of stay:	Maximum length of stay:
PROPERTY DETAILS	
Do you have working fire extinguishers available for renters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have electrically installed smoke detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have electrically installed carbon monoxide detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watercraft or other equipment for use on water, supplied or available for use by renters? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any other sporting equipment supplied or available for use by tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
Please advise additional services provided to renters:	

NAME OF PERSON PROVIDING INFORMATION:	DATE INFORMATION PROVIDED:
BROKER SIGNATURE:	DATE SIGNED: