

**+ Rented  
Dwelling  
Application**

**Vailo Insurance Services Ltd**

Suite 430 – 250 Newport Drive,  
Port Moody, BC V3H 5H1

**Phone: 604.829.3811**

**Toll Free: 1.877.787.6737**

## GENERAL INFORMATION

Broker:	Contact Person:	Phone:
Name of Applicant(s) – including all subsidiaries:		
Is the Applicant(s) new to the broker: <input type="checkbox"/> No <input type="checkbox"/> Yes    If no, how long have you known the Applicant:		
Mailing Address:	Postal Code:	
Risk Location Address:	Postal Code:	
Website (if applicable):	Number of Years in Business:	
Business Operations:		
Previous Insurer:		
Expiry Date:	Expiring Premium:	

## PROPERTY UNDERWRITING INFORMATION (COMPLETE FOR EACH LOCATION COVERED)

If over 30 years old, have there been any updates to the building:  No  Yes

If yes, Dates and Extent of Updates:	Roof:
	Wiring:
	Plumbing:
	Heating:

Adjacent Exposures:

Indicate the following:	<b>Wall Construction:</b>	<input type="checkbox"/> Frame	<input type="checkbox"/> Brick and Wood Frame	<input type="checkbox"/> Masonry
		<input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Other:
	<b>Roof Construction:</b>	<input type="checkbox"/> Wood Joist	<input type="checkbox"/> Plank or Timber	<input type="checkbox"/> Steel Deck
		<input type="checkbox"/> Concrete or Steel	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other:

Height of Building:	Heating Type:	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Boiler	<input type="checkbox"/> Electric	<input type="checkbox"/> Other:
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Total Building:	Applicant's Sqft:	Building Sprinklered: <input type="checkbox"/> No <input type="checkbox"/> Yes	%
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Burglary Alarm System: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Monitored	<input type="checkbox"/> Local	<input type="checkbox"/> None
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General Housekeeping:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Physical Condition:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Financial Position:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Neighborhood:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

**PROPERTY UNDERWRITING INFORMATION (COMPLETE FOR EACH LOCATION COVERED)** *(continued from previous page)*

**OCCUPANCY INFORMATION:**

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

Total number of units currently rented and occupied? \_\_\_\_\_

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

If "Yes", please explain: \_\_\_\_\_

**PROPERTY MANAGEMENT INFORMATION:**

Does the owner live in the area?  No  Yes

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?  No  Yes

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

**COVERAGE REQUIREMENTS**

PROPERTY COVERAGE	DEDUCTIBLE	CO-INS	LIMIT OF INSURANCE
Building	\$		\$
Detached Structures	\$		\$
Contents	\$		\$
Other:	\$		\$
Other:	\$		\$
LIABILITY COVERAGE	DEDUCTIBLE	CO-INS	LIMIT OF INSURANCE
Commercial General Liability – Premises Liability	\$	Not Applicable	\$
Other:	\$	Not Applicable	\$
Other:	\$	Not Applicable	\$

**CLAIMS INFORMATION - LIABILITY**

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Describe any insured and uninsured losses having occurred in the past 5 years (please provide a description, date and amount of loss):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**DECLARATION AND SIGNATURE**

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Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension, or variation of the insurance applied for.

I / we declare that after proper enquiry the statements and particulars given above are true and that I /we have not misstated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: \_\_\_\_\_ Full Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_