

**+ 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: No 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 Year Built: _____

If yes, Dates and Extent of Updates: _____ Roof: _____

_____ Wiring: _____

_____ Plumbing: _____

_____ Heating: _____

Adjacent Exposures: _____

Indicate the following: **Wall Construction:** Frame Brick and Wood Frame Masonry

Non-Combustible Fire Resistive Other:

Roof Construction: Wood Joist Plank or Timber Steel Deck

Concrete or Steel Reinforced Concrete Other:

Height of Building: _____ Heating Type: Forced Air Boiler Electric Other:

Total Building: _____ Applicant's Sqft: _____ Building Sprinklered: No Yes %

Burglary Alarm System: No Yes Monitored Local None

General Housekeeping: Excellent Good Fair Poor

Physical Condition: Excellent Good Fair Poor

Financial Position: Excellent Good Fair Poor

Neighborhood: Excellent Good Fair 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	\$		\$
Rental Income	\$		\$
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

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

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: _____