Date:

Named Insured

Address

% of year Insured resides in dwelling

If <50%,does Insured live within 8 km of the dwelling  Yes  No

Please indicate which, if any of the following are obtained for each rental:

Application  Yes  No

Lease / Written agreement  Yes  No

Security Deposit  Yes  No

Renters agreement to accept responsibility of losses  Yes  No

Renters waiver of right to claim for property loss  Yes  No

Does the renter have his / her own tenant insurance?  Yes  No

Who is responsible for managing the rentals?

Insured  Management firm  Other (incl relationship)

How often is the dwelling visited? Inside       Outside

Dwelling rented  Annually  Monthly  Weekly  Nightly

Number of units/room rented at this location       Are units self contained?  Yes  No

# of nights rented/year       Gross Annual Receipts from rental operations

Rental Value coverage requested

How long has insured rented this location?

Losses during this period:

Swimming Pool  Yes  No If yes,

In-ground  Above ground  Fully fenced  Yes  No Diving board  Yes  No

Are recreational activities / facilities /equipment provided  Yes  No If yes,

Boating  Horseback Riding  Cycling  Other

**DECLARATION**

THE ANSWERS GIVEN IN THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date