

Commercial Insurance



Rented Dwellings (Keyspire)

Client Information (Please complete a separate questionnaire for each property location)

Name(s) on Title*: _____
Mailing Address*: _____
Phone Number*: _____ Email Address*: _____
Location Address*: _____

Questionnaire

1. Have there been any claims at this location in the last 5 years? YES NO
If yes, please describe: _____
2. Is there a mortgage on the property? YES NO **If yes**, how many mortgages on property? _____
Please provide the company name and address: _____
3. Is the dwelling vacant? YES NO
If yes, please confirm the reason for vacancy and how long vacancy is expected.

4. Is the dwelling under renovation/construction? YES NO Is the property a flip? YES NO
If yes, please provide details.

5. What is your current policy expiry date or the closing date for the dwelling? _____
6. How many other rental properties does the insured own? _____
7. Is the dwelling rented to students or a family? _____ If students, how many? _____
8. What is the annual rental income you expect to receive? _____
9. Any wood burning stoves, fireplace inserts or oil tanks in the dwelling? YES NO
If yes, describe: _____
10. Year built: _____
Updates (year): Electrical: _____ Heating: _____ Plumbing: _____ Roof: _____
11. Has the property been fully renovated back to the studs in the last 20 years (including, but not limited to all new plumbing and electrical). YES NO
If yes, please confirm the year the renovations were completed: _____
12. How old is the Hot Water Tank? _____
13. Is there any aluminum or knob and tube wiring? YES NO
14. Is the panel Breakers or Fuses? Is there at least 100 amp service to the home? YES NO
15. What type of heat/furnace is there? (Forced air gas, electrical baseboards, boiler, etc.): _____
16. Is there any galvanized steel or cast iron pipes? YES NO **If yes**, describe: _____

17. Square footage of the dwelling, excluding basement: _____
 Square footage of the basement: _____ What percentage is finished? _____ %
18. Single detached Semi-detached Row/Townhouse Duplex Triplex
 Other: _____
19. Does this dwelling form any part of a Condo Corporation, Strata, or Bareland Condo Corporation? YES NO
If yes, are you responsible to insure the exterior structure? YES NO
20. Are any of the apartments used for short term rental (i.e. rental term less than 12 months)? YES NO
If yes, please complete the following questions.
- a) Type of rental:
 Entire home Self-contained apartment Basement apartment Other, specify: _____
- b) Which online networks are used to rent out the property?
 Airbnb FlipKey HomeAway VRBO Other, specify: _____
- c) Approximate number of days the property is rented out: _____
- d) Does the Insured actively participate in the selection process of the tenants occupying the premises?
 YES NO
- e) Confirm there are “house rules” that are enforced with the listing: no parties, maximum number of occupants, no smoking, no pets? YES NO
21. Is there any commercial occupancy (any businesses running out of the residence)? YES NO
22. How many car garages? _____ Detached: _____ Attached: _____
 What is the square footage of the garage(s)? _____
23. Any other structures? YES NO
If yes, please describe type and provide sqft: _____
24. How many bathrooms? Full: _____ Half: _____
25. Square footage of porch: _____ Square footage of deck: _____ Square footage of balcony: _____
26. Number of stories: _____ Number of kitchens in dwelling: _____
27. Is there a pool or hot tub? YES NO
28. Is the dwelling hydrant protected (within 300 metres of fire hydrant)? YES NO
 How many KM's to the nearest fire hall? _____ Fire hall is: Paid Volunteer
29. Who will be responsible for snow removal and maintenance? _____

Supplementary Information

Do you have any additional information to help us understand your rental property?

***Please attach photos of the front and back of the exterior of the dwelling.**

- I give my expressed consent for BrokerLink to contact me regarding my insurance.
- I have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Applicant/Insured:

_____	_____	_____
Print Name	Signature	Date

Broker:

_____	_____	_____
Print Name	Signature	Date

Please submit the completed questionnaire to keystone@brokerlink.ca



Looking for advice from a Keyspire insurance expert?

Complete the questionnaire to get a detailed quote or contact us today.

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