AVIVA

RENTED DWELLING QUESTIONNAIRE

Policy Number:		Insured:	
Broker:		Date:	

This form is to be completed for each rental property insured. A recognized Home Evaluator must be completed.

DWELLING

ADDRESS: _____

Is the home within 300metres (1000ft) of a fire hydrant? Yes ☐ No ☐

Is the home within 8kms (5miles) of a responding firehall? Yes ☐ No ☐

Construction Type: _____ Year Built: _____ No. of Stories: _____

UPDATES: For properties over 30years please describe updates:

Wiring: Copper _____% Aluminum_____% Knob& Tube _____% Amp Service: _____

Year last updated_____ Full☐ Partial☐ Explain _____

Roofing: Year last updated_____ Full☐ Partial☐ Explain _____

Plumbing: Year last updated_____ Full☐ Partial☐ Explain _____

Copper_____% Galvanized Steel_____% Cast Iron_____% ABS Plastic_____% Other_____%

Heating: Year last updated_____ Gas:____Oil:____Electric:____Hot Water:____ Forced Air:____ Other:____

OCCUPANCY: Single Family ☐ Two Family ☐ Three family ☐

Has the dwelling been modified for additional families from its original construction? Yes ☐ No ☐

Does each unit have smoke detectors? Yes ☐ No ☐   Is there a fire alarm? Yes ☐ No ☐

Does each unit have a separate entrance? Yes ☐ No ☐   Does each unit have a second fire exit? Yes ☐ No ☐

Does each unit have a separate electrical panel? Yes ☐ No ☐

Do any of the units share cooking or washroom facilities? Yes ☐ No ☐

Are all the units in the home occupied? Yes ☐ No ☐ If no, explain: _____

Is the property vacant? Yes ☐ No ☐   Is the property for sale? Yes ☐ No ☐

OCCUPANTS

How many people occupy each unit? _____ _____ _____

Are all of the occupants in each unit members of the same family? Yes ☐ No ☐

What is the duration of the lease or rental agreement? Annual ☐ Monthly ☐ None signed ☐

Does the lease require the tenants to carry liability insurance? Yes ☐ No ☐

Please provide company name and policy number for the tenants' insurance.

_____

GENERAL INFORMATION

Please provide policy details for any other rental properties owned by the insured

_____

Does the insured live in the area of the rental property? Yes ☐ No ☐

Who is responsible for the maintenance of the property? _____

How often is the property inspected?_____ By whom? _____

How long has the insured owned this property?_____

Previous Insurer: _____ Policy No. _____ Exp Date: _____

Please list any prior claims, including date of loss, cause and amount paid.

_____

_____

Broker Signature _____

**PLEASE PROVIDE TWO CURRENT PHOTOS OF THE HOUSE, FROM TWO DIFFERENT ANGLES