

**J.D. Smith Insurance Brokers**  
 2-105 West Beaver Creek Rd.  
 Richmond Hill, Ont, L4B 1C6  
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 Fax: 905-764-9618  
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**APPLICATION FOR RENTED DWELLING INSURANCE**

Application must be fully completed and accompanied  
 by Boeckh calculator and photographs

Policy Number \_\_\_\_\_ Replacing Policy Number \_\_\_\_\_

Broker \_\_\_\_\_

Address \_\_\_\_\_

Name of Insured \_\_\_\_\_

Postal Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Policy Period: From \_\_\_\_\_ To \_\_\_\_\_

**BROKER REPORT:**

Occupation Of Applicant \_\_\_\_\_ Years Continuously Employed \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Occupation Of Co-Applicant \_\_\_\_\_ Years Continuously Employed \_\_\_\_\_ Date Of Birth \_\_\_\_\_

How long has the client had property insurance? \_\_\_\_\_

Previous Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy term with this insurer: \_\_\_\_\_

Previous Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy term with this insurer: \_\_\_\_\_

Previous Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy term with this insurer: \_\_\_\_\_

Previous Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy term with this insurer: \_\_\_\_\_

Has Any Company Refused, Cancelled, Declined To Renew Applicant?  Yes  No If yes, give details: \_\_\_\_\_

**PREVIOUS CLAIMS IN LAST 5 (five) YEARS**

Date of Loss (mm / dd/ yy)	Details of Loss	Amount Paid or Reserved

How Long Has Applicant Owned This Location? \_\_\_\_\_

Is this New Business to your office?  Yes  No How long have you known applicant? \_\_\_\_\_

Have you personally seen this property?  Yes  No Condition:  Good  Fair  Poor

Is client financially acceptable to your office?  Yes  No

Is Property located in:  Residential Area / Subdivision  Industrial / Commercial  Other  
 If 'Other' Describe: \_\_\_\_\_

Is Property For Sale?  Yes  No If yes, please provide details: \_\_\_\_\_

<b>LOCATION #1</b>	Postal Code is required to quote		
<b>LEGAL ADDRESS:</b>			
<b>Postal Code:</b>			
<b>LOSS PAYABLE:</b> (incl. FULL mailing address)			
<b>OCCUPANCY</b>		<b>CONSTRUCTION</b>	
<input type="checkbox"/> Rented Dwelling      # of units	<input type="checkbox"/> Frame		
<input type="checkbox"/> Student Housing      # of rooms rented	<input type="checkbox"/> Brick Veneer		
<input type="checkbox"/> Other - describe:	<input type="checkbox"/> Masonry		
	<input type="checkbox"/> Fire Resistive		
<b>STRUCTURE TYPE</b>			
<input type="checkbox"/> Detached	<input type="checkbox"/> Apt. Bldg - # Units:		
<input type="checkbox"/> Semi-Detached	<input type="checkbox"/> Duplex		
<input type="checkbox"/> Townhouse	<input type="checkbox"/> Triplex		
<input type="checkbox"/> Rowhouse	<input type="checkbox"/> Multi-Plex		
<input type="checkbox"/> Mercantile - Describe:			
<b>HEATING</b>		<b>Fuel</b>	<b>Primary</b> <b>Auxiliary</b>
<input type="checkbox"/> Furnace (Central)			
<input type="checkbox"/> Combination with Wood			
<input type="checkbox"/> Electric			
<input type="checkbox"/> Space heater			
<input type="checkbox"/> Fireplace insert			
<input type="checkbox"/> Solid fuel heating unit			
<input type="checkbox"/> Furnace (central) with add on woodburning unit			
<b>Year Dwelling Was Built:</b>			
<b>UPDATES</b>		<b>Full</b>	<b>Partial</b> <b>Year</b>
Electric # amps:			
Heating			
Plumbing			
Roof			
If updates are Partial describe:			
<b>OIL TANK</b>		<b>PROTECTION</b>	
<input type="checkbox"/> Inside <input type="checkbox"/> Above Ground	<input type="checkbox"/> Within 300 m of Hydrant		
<input type="checkbox"/> Outside <input type="checkbox"/> In Ground	<input type="checkbox"/> Within 8 km of Firehall		
Age:	<input type="checkbox"/> Unprotected		
<b>OPTIONAL COVERAGES</b>			
<input type="checkbox"/> Sewer Back Up		<input type="checkbox"/> By Laws	
<input type="checkbox"/> Earthquake		<input type="checkbox"/> Lock Replacement	
<b>DETACHED STRUCTURE</b>		Year Built	Size
Construction		Heat	Use
<b>LIMITS REQUIRED</b>			
Dwelling Building	Detached Private Structures	Landlord's Contents	Premises Liability
\$	\$	\$	\$1,000,000

<b>LOCATION #2</b>	Postal Code is required to quote		
<b>LEGAL ADDRESS:</b>			
<b>Postal Code:</b>			
<b>LOSS PAYABLE:</b> (incl. FULL mailing address)			
<b>OCCUPANCY</b>		<b>CONSTRUCTION</b>	
<input type="checkbox"/> Rented Dwelling      # of units	<input type="checkbox"/> Frame		
<input type="checkbox"/> Student Housing      # of rooms rented	<input type="checkbox"/> Brick Veneer		
<input type="checkbox"/> Other - describe:	<input type="checkbox"/> Masonry		
	<input type="checkbox"/> Fire Resistive		
<b>STRUCTURE TYPE</b>			
<input type="checkbox"/> Detached	<input type="checkbox"/> Apt. Bldg - # Units:		
<input type="checkbox"/> Semi-Detached	<input type="checkbox"/> Duplex		
<input type="checkbox"/> Townhouse	<input type="checkbox"/> Triplex		
<input type="checkbox"/> Rowhouse	<input type="checkbox"/> Multi-Plex		
<input type="checkbox"/> Mercantile - Describe:			
<b>HEATING</b>		<b>Fuel</b>	<b>Primary</b> <b>Auxiliary</b>
<input type="checkbox"/> Furnace (Central)			
<input type="checkbox"/> Combination with Wood			
<input type="checkbox"/> Electric			
<input type="checkbox"/> Space heater			
<input type="checkbox"/> Fireplace insert			
<input type="checkbox"/> Solid fuel heating unit			
<input type="checkbox"/> Furnace (central) with add on woodburning unit			
<b>Year Dwelling Was Built:</b>			
<b>UPDATES</b>		<b>Full</b>	<b>Partial</b> <b>Year</b>
Electric # amps:			
Heating			
Plumbing			
Roof			
If updates are Partial describe:			
<b>OIL TANK</b>		<b>PROTECTION</b>	
<input type="checkbox"/> Inside <input type="checkbox"/> Above Ground	<input type="checkbox"/> Within 300 m of Hydrant		
<input type="checkbox"/> Outside <input type="checkbox"/> In Ground	<input type="checkbox"/> Within 8 km of Firehall		
Age:	<input type="checkbox"/> Unprotected		
<b>OPTIONAL COVERAGES</b>			
<input type="checkbox"/> Sewer Back Up		<input type="checkbox"/> By Laws	
<input type="checkbox"/> Earthquake		<input type="checkbox"/> Lock Replacement	
<b>DETACHED STRUCTURE</b>		Year Built	Size
Construction		Heat	Use
<b>LIMITS REQUIRED</b>			
Dwelling Building	Detached Private Structures	Landlord's Contents	Premises Liability
\$	\$	\$	\$1,000,000

**IBC Calculator for ALL dwellings must accompany each application.**

**If applicable, a Woodstove Questionnaire must be submitted.**

Is there any Commercial Exposure on the premises?  Yes  No If yes, describe: \_\_\_\_\_

If risk is above or beside a restaurant, is there a CO2 system?  Yes  No

Is Rental Income Required?  Yes  No If yes, for what limit? \_\_\_\_\_

Does the client obtain a written Lease Agreement with all tenants?  Yes  No

Do all tenants carry and maintain a minimum of \$1,000,000 liability?  Yes  No

Are Credit Checks done on all tenants?  Yes  No

Are references from previous landlords obtained?  Yes  No

Is a Damage Deposit allowable by law in your province?  Yes  No If yes, is a Damage Deposit obtained?  Yes  No

**ADDITIONAL EXPOSURE INFORMATION**

Explain "Yes" Responses in Remarks	Yes	No		Explain "Yes" Responses in Remarks	Yes	No
Additional Residences / Properties				Daycare - # of Children		
Location Rented To Others			# Weeks:	Incidental Office Use		
# of Families:				Commercial Operations at this Location		
Rooms Rented to Others:			# Units:	Swimming Pool		
Saddle / Draft Animals:			#:	# Acres		
# Servants In: Out: Chauffeur: Occasional:				Voluntary Compensation Required?		
Other Exposures:						
Remarks: ("Yes responses MUST be explained):						

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

I hereby make application for insurance on the above charges items of property, subject to the Statutory Conditions, Stipulations Warranties, Exclusions, Limitations, Conditions, and Definitions as contained in the policy or endorsed thereon. THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

Date \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

Date \_\_\_\_\_ SIGNATURE OF BROKER \_\_\_\_\_