

UNIQUE RISKS LTD. 1100 Burloak Dr, Suite 300 Burlington, ON L7L 6B2 905-332-2332

RENTED DWELLING APPLICATION

Submit to: submissions@uniquerisks.com

Broker Name:		Contact:						
Address:								
Policy Numbe	Effective Date:				Broker Code:			
reds Details:								
Full Name	Name of Principals:							
Mailing Addres	ss:							
Mortgagee(s)	:							
Mortgagee(s)	Mailing Address:							
rent Policy Detai	ls:							
	Expiry Date Lim		nit Dedu		uctible	Premium	Insurer	
urrent								
	ils of any claims or actions b	orought agair	nst you or your	r com	pany including c	defence costs and		
					Claim Am			
	Describe Occurrence		Reserve		Paid	Expenses	Deductible	Open or Closed
	Address: Policy Number areds Details: Full Name Mailing Addre Mortgagee(s) Mortgagee(s) rent Policy Detail	Policy Number (for renewal only): areds Details: Full Name of all Insureds: Mailing Address: Mortgagee(s): Mortgagee(s) Mailing Address: rent Policy Details: Expiry Date urrent ase provide details of any claims or actions be eductible.	Address: Policy Number (for renewal only): reds Details: Full Name of all Insureds: Mailing Address: Mortgagee(s): Mortgagee(s) Mailing Address: rent Policy Details: Expiry Date Limurrent urrent Describe Occurrence	Address: Policy Number (for renewal only): reds Details: Full Name of all Insureds: Mailing Address: Mortgagee(s): Mortgagee(s) Mailing Address: rent Policy Details: Expiry Date Limit urrent urrent Describe Occurrence Reserve	Address: Policy Number (for renewal only): reds Details: Full Name of all Insureds: Mailing Address: Mortgagee(s): Mortgagee(s) Mailing Address: rent Policy Details: Expiry Date Limit Dedu urrent see provide details of any claims or actions brought against you or your comeductible.	Address: Policy Number (for renewal only): Effective Date: Policy Number (for renewal only): Effective Date: Pull Name of all Insureds: Mailing Address: Mortgagee(s): Mortgagee(s) Mailing Address: Expiry Date Limit Deductible urrent Limit Deductible Claim Arrivate of Describe Occurrence Reserve Paid	Address: Policy Number (for renewal only): Effective Date: Full Name of all Insureds: Mailing Address: Mortgagee(s): Mortgagee(s) Mailing Address: Expiry Date Limit Deductible Premium urrent Expiry Date Limit Deductible Premium Claim Amounts ate of Describe Occurrence Reserve Paid Expresses	Address: Policy Number (for renewal only): Effective Date: Broker Cod Broker Cod Broker Cod Reserve Paid Expenses Deductible Broker Cod Broker

4. Underwriting	Details:	Location Address	•							Yes	No
Is there an annual lease?								Has applicant ever had insurance declined or cancelled?			
Building type (single family, row house, etc):							Hydrant within 300 meters?				
Total number of units: Total number of tenants:							Firehall within 8 Kms?				
Who is responsible for snow removal?							Is it a voluntary firehall?				
If tenant is responsible for snow removal, is there a separate agreement in place?							Is there a smoke detector?				
Who will be maintaining the property?							Is the home occupied by owner?				
How does the apply what screening pro	licant obt	ain tenants and						Is this leased land?			
								Is the lot bigger than 1 a	acre?		
5. Construction I Year built	Details			Building	area]	Is there a pool and/or he	ot tub located on the		
				in sq. fee			1	premises?			
No of Stories			Constru		1			Is the risk in a flood zone?			
		Туре			Yea	r Updated		Is the risk located within wild fire?	n 50 kms of any active		
Electrical ————————————————————————————————————								Does the risk meet loca requirements for its curr			
Plumbing						Is the dwelling purpose-					
Heating								occupancy? Does the building have	a heritage designation?		
Supplementary He	ating							If 'yes', is the designation exterior only?	on with respect to façade/		
Roof								oxioner omy:			
6. Private Protect	tions	Yes No			1	Yes No	7. Commen	its:			
Fire Alarm			Sprinl	klered							
Burglar Alarm			On-Si	te Security							
Monitored											
8. Coverage				Limits Required				Deductible			
Building(s)					\$						
Outbuilding(s)				\$							
Contents				\$							
Rental Income				\$							
Sewer Back Up				\$							
Premises Liability (CGL)				\$							
Other:					\$						

7. Is coverage required for: Equipment Breakdown:	Yes	No	Flo	od:	Yes	No	Earthquake:	Yes	٨
8. Current photos of the risk attached?EZ_ITV	Yes Yes		No No			_	valuator are not red	quired for quot	ting,
or equivalent evaluator attached? 9. Additional comments:	165		NO	DUI WI	ıı be requirea ir	order to	oind coverage)		
	$\wedge \wedge \wedge$	$\wedge \wedge$	$\wedge \wedge \wedge$	$\wedge \wedge$					
This application does not bind the Applicant or the herein shall be the basis of the contract should a p			ete this in	surance	but it is agre	ed that th	ne information co	ntained	
It is mutually agreed between the Company and the insurance afforded by the Company, is made for the any respect.									
THE UNDERSIGNED HEREBY ACKNOWLEDGES TH	E TRUTH OF	THE ST	ATEMENT	S CONT	AINED HEREII	٧.			
I AUTHORIZE YOU TO COLLECT, USE AND DISCLOS COMMERCIAL INSURANCE POLICY OR A RENEWAL THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND	., EXTENSION	N OR VA	ARIATION :	THEREO	F, FOR THE P	URPOSE:	S NECESSARY TO) ASSESS	
DATED:AF	PLICANT'S	SIGN	IATURE:						
							٦		
BROKERAGE:									
BROKER:									
PHONE #:									
						mail For	m Print Fe	orm	

No