



Short Term Home Rental Questionnaire

Location Details

Insured's Name: _____ Policy #: _____ Agent/Broker: _____

Risk Address: _____
Street Address, City, Province, Postal Code

Is short-term rental allowed?	1. By the municipality or town in which your home is located?	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
	2. By the by-laws of the condominium corporation (if applicable)	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>

Does the Insured occupy this residence for more than 26 of the 52 weeks in the year?
(If no, risk will be underwritten as a Commercial policy) YES NO

Type of Rental: Monthly Weekly Daily Other (details): _____

Portion of Home Rented Out: Room(s) How many rooms? _____ Whole House

Home Share Affiliation: AirBnB VRBO Homestay FlipKey Other (details): _____
Listing # _____

How many days are rooms/house rented out? Less than 90 days 91 – 180 days More than 180 days

Access/Use of any recreational equipment/facilities? (bicycles, watercraft, pool, motorized vehicles) YES NO

If yes, Please specify: _____

Who is responsible for managing/maintenance of the rental? Insured Management Firm Other: _____

Do you provide food or beverage to tenants? YES NO If yes, please specify: _____

Do you require Rental Income coverage? YES NO Estimated annual rental income: \$ _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Insured Signature: _____ Date: _____