

HIGH VALUE HOME – SHORT TERM RENTAL QUESTIONNAIRE

NAME OF APPLICANT(S): _____ QUOTE ONLY PLEASE BIND

 Requested Eff. Date: _____
 Mailing Address: _____ City: _____ Prov.: _____ P.C.: _____
 Location Address: _____ City: _____ Prov.: _____ P.C.: _____
 Date(s) of Birth: _____ Occupation(s): _____
 Loss Payable(s): _____

What is the minimal nights rented? _____
 How many weeks per year is property rented? _____
 Is there a professional property management company contracted for this rental? _____
 Yes, please describe: _____
 No, how are the renters screened? _____
 Is the rental inspected after each occupant? _____
 What is the minimum age for tenants? _____
 Are there any unenclosed swimming pools or trampolines on the property? _____

DECLARATION / CONSENT

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, 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.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Signature of Applicant(s): _____ Date: _____
 Signature of Applicant(s): _____ Date: _____
 Signature of Broker: _____ Date: _____
 Broker Firm: _____ Broker Email: _____
 Broker Telephone: _____ Return Fax: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizpersonal@premiergroup.ca ****

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