



[Personal & Commercial Lines]

SHORT TERM RENTAL QUESTIONNAIRE



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SHORT TERM RENTAL QUESTIONNAIRE

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Telephone: _____

Name of Insured (Full Legal Name): _____

Risk Location: _____

Provide Website link being advertised on: _____

PART 2 OCCUPANCY

Is the Risk Location the Insureds primary and full-time residence? If "No", please provide primary address below: Yes No

How often do Insureds reside at dwelling? _____

If Risk Location is the Insureds primary and full-time residence, do the Insureds stay at the dwelling during rentals? Yes No

How many weeks per year (estimated) will this property be rented? _____

How many self-contained suites? _____

What platform(s) are used for advertising the rentals? (i.e.: Air B&B, VRBO, Social Media, Direct Booking etc.)- **List all that apply:**

Is there any coverage provided through the rental platform? _____

What is the maximum number of guests allowed per booking? _____

Is there a minimal age requirement for renters? _____

Are guests screened prior to booking? (please explain how): _____

PART 3 MAINTENANCE & PROTECTION

Who is responsible for arranging the rentals? Insured Property Manager Other (including relation): _____

How often is the property inspected? _____

Who inspects the property? _____

Is there a swimming pool on-site? Yes No

If "Yes" to above, is it: In-Ground Above Ground Fenced Diving Board

Is there an alarm system installed? Yes No If "Yes", is it: Monitored Local

Are there any wood burning appliances in the dwelling? Yes No

Are there smoke & carbon monoxide detectors installed? Yes No

Are there fire extinguishers on premise? Yes No

Is there a hot tub, trampoline or playground equipment on premise? Yes No

Are there any firearms or dangerous animals kept on premise? Yes No

Value of Contents available to Renters? _____ Where are valuable items stored during rentals? _____

PART 4 ADDITIONAL INFORMATION

Are there any additional services/equipment provided to guests? If "Yes" please complete the below: Yes No

Tours Boats/Bikes Spa Services Meals Other: _____

Are there any additional charges for these services? Yes No

Are parties or events permitted by guests at this location? Yes No

Is this the Insureds primary source of income? Yes No

Estimated Annual Income from rentals: _____

Is a business license required, per local bylaws? Yes No

Is there an active business license in force for the operation of short-term rentals? Yes No

If this risk is a STRATA, are there any regulations prohibiting the use of units for short-term rentals? Yes No

If this risk is a STRATA, Has the insured obtained permission from the Strata Council for the rentals? Yes No

Does the Insured own other short term rental properties? Yes No

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____ Position: _____

Please print name: _____ Date: _____

Please forward the completed questionnaire along with a completed CSIO application and photos of the risk to your Can-Sure underwriter.