

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? _____

PLEASE READ BEFORE SIGNING

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance, will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed. Signing this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued. For purposes of the insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' Insurance business in Canada.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my 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 MARINE HAS ISSUED A BINDER NUMBER.

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

Premier Marine Insurance Managers Group (WEST) Inc. 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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