

**RENTED DWELLING –
SUPPLEMENTARY QUESTIONNAIRE**

Insured's Name and Mailing Address:	Broker	Policy No.
Location of Rented Dwelling:	Broker Code	Effective or Renewal Date
	Branch	

1. a) How many self-contained apartments are in the dwelling? _____
 b) How many apartments in the dwelling are occupied? _____

2. How many rented dwellings does the insured own? _____

3. Does the insured have lease agreements with the tenants? Yes No
 If Yes, what is the lease term: yearly six months other (describe): _____

4. Have you confirmed the insured takes an active role in the overall maintenance and upkeep of the dwelling?
 Yes No Other _____

5. How often is the dwelling inspected (in months)? Interior _____ Exterior _____
 Who inspects the property? _____

Declaration by Broker:
 I have advised the client that the _____ policy wording excludes ALL losses if the property is
 found to contain a marijuana-grow operation.

Broker Signature:	Date:
--------------------------	--------------