

Tenant Insurance Questionnaire

Pre-Qualification Questions:

- Have you had insurance cancelled more than once within the last 3 years as a result of non-payment (this includes NSF's or FNA's)? : _____
- Have you, or anyone that will be included as an insured, had a home insurance policy cancelled as a result of material misrepresentation within the last 3 years? : _____
- Have you, or anyone that will be included as an insured, ever been convicted of insurance fraud?

- Have you ever been cancelled for other than non-payment, declined, surcharged, renewed with restrictions, or refused to be renewed, by any insurer? : _____
- Did you have previous insurance? : _____
- If no to above question, what is the reason? : _____
- If yes, when have you been insured since? (Year): _____
- Prior policy details:
 - Name of Insurance Company: _____
 - Policy #: _____
 - When was the policy issued?: _____
 - What is your renewal date?: _____
- Any previous home claims? – please note date and type of loss:
 - 1.
 - 2.
 - 3.

Policy Info

- Full names of all individuals that will be considered owners:

1. _____

2. _____

- Date of Birth for each individual:

1. _____

2. _____

- Best contact phone number for each person:

1. _____

2. _____

- Email address for each person:

1. _____

2. _____

- Marital Status of each individual:

1. _____

2. _____

- Full Address to be insured:

Street/House#: _____

Unit # (if applicable): _____

Street Name: _____

City: _____

Postal Code: _____

- Mailing address (only if DIFFERENT from the address insured)

Street/House#: _____

Unit # (if applicable): _____

Street Name: _____

City: _____

Postal Code: _____

- If policy is issued, would you like to be enrolled in **Online Services?** : _____
- If policy is issued, would you like to be enrolled in **Paperless Billing?** : _____
- Building Type (House, Apartment Building, Townhouse, Stacked Condo Townhome, etc):

- Do any of the household member's smoke? : _____
- If yes to the above question, please indicate who: _____
- Occupied since what date? (Move in Date) : _____
- What is the contents amount needed? (Personal Property amount, minimum is \$30,000):

- What year was the house/building built? : _____
- Total number of units in the Building/House: _____
- Level/Floor Number of the Unit: _____
- What is the material used on the exterior? (Brick, Vinyl Siding, etc): _____
- What is the Electrical Info (if other than 100 amps, copper): _____
- What is the Heating Info (if other than central furnace, gas): _____
- Is there a Fire Alarm system in your individual unit? : _____
- If yes to the above question, is the alarm system monitored? : _____
 - Who monitors them? : _____
 - Address of monitoring company _____
- Is there a Security Alarm system in your individual unit? : _____
- If yes to the above question, is the security alarm system monitored? : _____
 - Who monitors it? : _____
 - Address of monitoring company _____

Personal Information:

In order to review your insurance needs, assess your application, issue and maintain a policy, assess any claim, and detect or prevent fraud, you are consenting to the collection, use, and disclosure of certain personal information for you, as well as for any other persons to be included in the protection provided by the insurance policy. Such personal information may also be used for marketing purposes by electronic means (email, telephone, fax) or regular mail. Information may be transferred to a service provider outside of Canada for processing, storage, analysis and disaster recovery purposes

Please indicate YES or NO for consent to this (If NO, a quote CANNOT be completed):

Credit Score:

We ask for your consent to collect and use your credit score (where permissible) for determining the best premium available to you, analyzing risk, ceding risks, and assessing claims. As your advisor, I do not have access to your credit information and your credit information will not be disclosed outside of The Co-operators Group of Companies. This authorization is valid for the duration of your policy and may continue beyond that period during the investigation of any outstanding claims, but you can revoke your authorization at any time by contacting us in writing. You may decline to provide this consent, but you will not gain the benefit of the best premium available to you. Your credit score will be obtained from TransUnion Canada (Box 338, LCD 1, Hamilton, ON L8L 7W2) and this inquiry does not impact your credit rating.

Please indicate YES or NO for consent to this process (If no, a quote can still be completed, but please be advised, the premium will reflect based on a low rating score)
