



**Student Rental  
Risk Questionnaire**

Mail completed application to:  
**quotes@mcfcr.ca**  
or  
**McFarlan Rowlands Insurance Brokers**  
**503 York St. London, ON N6H 5L5**

Name of Applicant:	
Applicant's Mailing Address:	
Risk Address:	
Name of Current Carrier:	
Policy #:	Expiry Date:
Names and Address of Mortgages: _____	

<b>Property Management</b>	
Name of Property Manager	Phone Number:
How often is the property inspected by you or the property manager?	
Who is responsible for outside property maintenance?	
Do you or the property manager personally interview each potential tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require Guarantor to co-sign lease agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are background and credit checks done on all potential tenants/Guarantors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you request confirmation from tenants/Guarantors that property & liability coverage extended under their Homeowners or Tenants policy for students temporarily residing away from home for the purpose of attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the leasing agreement allow subletting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, do you require proof of insurance from subletting tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Risk Details</b>		
Age of Building:	Number of Storeys:	Wall Construction:
Roof Material:	If building over 15 years, when was roof last replaced?	
Total # of Bathrooms:	Number of Self-Contained Units (own bathroom/kitchen):	
Type of Wiring:	Date Updated:	Amp Service:
Breakers or Fuses?	If wiring is aluminum/fuses, when was electrical last inspected?	
<b>Square Footage:</b> Building total:      sq. ft.      Main Floor:      sq. ft.      Porches:      sq. ft.      Decks:      sq. ft.		
Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, sq. ft. completed:		
Garage: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of cars: <input type="checkbox"/> Detached <input type="checkbox"/> Attached <input type="checkbox"/> Built-in <input type="checkbox"/> Basement		
Carport: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of cars:		
Do you have a carbon monoxide detector installed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Plumbing:</b> _____ % Copper _____ % Galvanized Steel _____ % ABS If building is over 15 years, when was plumbing last updated?	<b>Protection:</b> Are/is there: Hydrants within 500' ? <input type="checkbox"/> Yes <input type="checkbox"/> No A fire hall within 5km? <input type="checkbox"/> Yes <input type="checkbox"/> No Smoke detectors on all floors? <input type="checkbox"/> Yes <input type="checkbox"/> No # of portable fire extinguishers in building:	
Type of Heat:	If building over 15 years, when was heating last updated?	
Any oil tanks on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, how many and how old are they?		

Estimated replacement cost of building: \$	
Estimated replacement cost of landlord's contents: \$	
Annual gross receipts (based on 100% occupancy) \$	
Commercial General Liability limit request: \$	
# of tenants (at 100% occupancy):	
<b>Applicant's Statement:</b> Consumer and previous insurers reports containing personal, factual, or investigative information about the applicant may be disclosed, sought and used in connection with this application. The answers above are correct to the best of my knowledge.	
_____	_____
Signature of Applicant	Date

**Please attach: - Details of all losses during past 3 years (if applicable)  
- Photos of front and rear of the property**