

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the lease term: <input type="checkbox"/> yearly <input type="checkbox"/> six months <input type="checkbox"/> other (describe): _____
4. Have you confirmed the insured takes an active role in the overall maintenance and upkeep of the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 Economical Insurance Group policy wording excludes ALL losses if the property is found to contain a marijuana-grow operation.

Broker Signature:	Date:
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