***RENTED DWELLING- SUPPLEMENTARY QUESTIONNAIRE***

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| Insured`s Name:       | Broker:      Broker Code:       | Policy #:       |
| Insured`s Mailing Address:      | Branch:       | Effective or Renewal Date:      |

1. How many self-contained apartments are in the dwelling?
	* 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? 
	* If *Yes,* what is the lease term: 
4. Have you confirmed the insured takes an active role in the overall maintenance and upkeep of the dwelling? 
5. Who inspects the property?
6. How often is the dwelling inspected (in months)?
	* Interior:
	* Exterior:

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| ***Broker Declaration:***I have advised the client that the Economical Insurance Group policy wording excludes *ALL* losses if the property is found to contain a marijuana-growth operation. |

Broker Signature:

Date: