

## Short Term Rental Supplement

1. Insured: \_\_\_\_\_
2. Risk Location: \_\_\_\_\_
3. % of year the Insured resides in dwelling? \_\_\_\_\_
5. % the Insured is present during the rentals?  
\_\_\_\_\_ 0-50%    \_\_\_\_\_ 51-75%    \_\_\_\_\_ 76-100%
6. Type of rental?  
\_\_\_\_\_ Quarterly    \_\_\_\_\_ Monthly    \_\_\_\_\_ Weekly    \_\_\_\_\_ Nightly    \_\_\_\_\_ Other (details: \_\_\_\_\_)
7. Number of nights rented per year? \_\_\_\_\_    Maximum occupancy per night? \_\_\_\_\_
8. Please indicate which, if any, of the following are obtained for each rental:  
Selection process for each renter    Yes     No   
  
Lease or written agreement    Yes     No   
  
Security deposit    Yes     No   
  
Proof of tenant insurance requested    Yes     No
9. Who is responsible for managing the rentals?  
\_\_\_\_\_ Insured    \_\_\_\_\_ Management firm    \_\_\_\_\_ Other (incl relationship): \_\_\_\_\_
10. Is this risk physically inspection after each rental?    Yes     No   
If yes, by whom? \_\_\_\_\_
11. Are there any security measures in place to prevent theft or damage by renters?    Yes     No
10. Is any food or liquor provided to guests?    Yes     No

10. Swimming Pool? If so: Above ground  In-ground  No

Fully Fenced? Yes  No

Diving Board? Yes  No

11. Recreational activities/facilities/equipment provided or arranged by Insured:

No  Horseback/Riding  Boating

Cycling  Other  if so, please detail: \_\_\_\_\_

12. Required coverage:

• \*Theft: Yes  No  -Limit: \_\_\_\_\_

• \*Vandalism: Yes  No  -Limit: \_\_\_\_\_

• Loss of rents: Yes  No  -Limit: \_\_\_\_\_

13. Link to ad/website of the property: \_\_\_\_\_

14. Additional Comments:

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Signature of Insured: \_\_\_\_\_ Dated: \_\_\_\_\_

Signature of Broker: \_\_\_\_\_ Dated: \_\_\_\_\_