

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:

Signature of Insured: _____ Dated: _____

Signature of Broker: _____ Dated: _____