



Application Form

SHORT TERM RENTAL QUESTIONNAIRE

Carrier

West-Pro

Revision

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WESTERN SECURITY SURPLUS

INSURANCE BROKERS, INC.

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SHORT TERM RENTAL QUESTIONNAIRE

Applicant(s) _____

Location address: _____

1. What is the minimum number of nights rented?

2. Is there a management company contracted for this rental? Yes No
If yes, do they have General Liability? Yes No Limit? _____

3. If no management company, how are renters screened?

4. Is the rental inspected after each occupant?

5. Is this property in a rental pool/ time share? Yes No

6. Are there any employees? (Maids, Groundskeeper, Caretaker)? Yes No
If so are they resident employees? Yes No
If yes to either, please describe:

7. How many weeks per year is property rented?
