



Short Term Rental Questionnaire

Applicant(s): _____

1. What is the minimum number of nights rented?

2. What is the rate per night charged?

3. How many weeks per year is property rented?

4. Is there a management company contracted for this rental?

Yes No

If Yes, do they have General Liability? Yes No Limit: \$ _____

If Yes, have they asked for a waiver or to be added as an additional insured?

Yes No

If No, how are renters screened? _____

5. Is the rental inspected after each occupant?

Yes No

If Yes, please describe how frequently the property is inspected:

6. Is this property in a rental pool?

Yes No

If Yes, please describe: _____

7. Are there any employees? (Maids, Groundskeeper, Caretaker)?

Yes No

If Yes, are they resident employees? Please describe:

Applicant(s) signature: _____

Date: _____