

Rented Commercial Condo Application*

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*If applying for an off-campus student condo rental or short-term condo rental, please complete our Rented Student Condo Application or Rented Short-Term Condo Application found at www.abexinsurance.com/applications

												, applica		
Brokerage:						Broker code:	r		Broker contact:					
Broker address:				Email:										
Named Insured(s):					Principal(s):									
Mailing address:														
Location address	:													
Mortgagee(s):														
Mortgagee(s) ad	dress:													
Effective date:							Р	olicy to	erm:					
Prior insurance 8	k expiry	date:			Othe	r polici	es w	ith ABI	EX:					
1. Underwriting	g Detai	ls										Ye	s	No
Is Condo Corpora	ation reg	gistered? Do	es the insur	ed own	the condo un	it?			pplicant ever had insurar lled? If 'yes', please explai					
Is there an annu	al lease		uilding type mily, row ho		:):	Hydrant within 300 meters?								
Total number of units: Total number of tenants:					Firehall within 8 Kms?									
Are any of tenants currently in arrears with their rent payment? Yes No If 'yes', please explain in 'Comments'				No	Is it a voluntary firehall?									
Is Insured currently involved in any proceedings or awaiting any Yes No proceedings with the Rent Control Board? <i>If 'yes', explain in 'Comments'</i>					No	Min. one (1) smoke detector per floor?								
Type of tenant (e.g. residential, commercial, mercantile). If commercial or mercantile, use the 'Comments' section or separate attachment to provide the full list of tenants.						Is there a pool and/or hot tub located on the premises?								
	Is the risk located in an active flood zone? If 'yes', we'd decline.													
Who is responsib	le for si	now removal?							e risk located within 50 ki tive fire zone? <i>If 'yes', w</i> e		ne.			
If tenant is responsible for snow removal, is there a separate agreement in place?					Does the risk meet local Fire Code & By-law requirements for its current occupancy?									
If the applicant DOES NOT live within 250 kms of the property for maintaining the property?			erty, wh	io will be resp	be responsible Is this leased land?									
										1				
2. Construction	n Detail	S]		Private Protections	Yes	No			
Year built Unit area														
No of Stories			Constru			1			Burglar Alarm					
		Туре	le	Yea	r Updated	1			Monitored					
Electrical Wiring & Amperage					Ī			Sprinklered						
Breakers or Fuses					1			On-Site Security						
Plumbing						İ								
Heating					3. Comments:									
Supplementary Heating						1								
Roof	Roof					1								

4. Have there been losses or claims by the applicant in the last 5 years? Yes No						
Date of loss	Detailed description of loss		Amount paid	Open/Closed	Preventative measures in place?	
5. Coverage		Limits Red	quired		Deductible	
Contents						
Improvements/Betterments***						
Loss Assessment		\$25,000				
Unit Owners Contingent Coverage		150% of co	ontents limit			
Rental Income						
Liability (CGL)						

Review condo corporation by-laws to see what the unit owner is responsible to cover under Improvements/Betterments

6. Additional comments:

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Signature(s) of All Named Insureds (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date:

Absolutely <u>NO COVERAGE</u> is given by this application form. Coverage is only given upon written confirmation of binding from ABEX.

This Section is For Broker Use Only
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 If clicking on Submit button above doesn't bring up a new email with this application attached to it, please try using a different browser or save and email the application to quotes@abexinsurance.com