



# Rented Dwelling Application\*

ABEX Affiliated Brokers Exchange Inc.  
 139 Northfield Dr. W., Suite 206  
 Waterloo, ON N2L 5A6  
 (p)519-880-0044  
[quotes@abexinsurance.com](mailto:quotes@abexinsurance.com)  
[www.abexinsurance.com](http://www.abexinsurance.com)

\*If applying for an off-campus student housing rental, please complete our Student Housing Application found at [www.abexinsurance.com/applications](http://www.abexinsurance.com/applications)

Brokerage:		Broker code:	Broker contact:
Broker address:		Email:	
Named Insured(s):		Principal(s):	
Mailing address:			
Location address:			
Mortgagee(s):			
Mortgagee(s) address:			
Effective date:		Policy term:	
Prior insurance & expiry date:		Other policies with ABEX:	
<b>1. Underwriting Details</b>			<b>Yes No</b>
Is there an annual lease in place?	Property's current market value:	Building type (single family, row house, etc):	Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i>
Total number of units:	Total number of tenants:		Hydrant within 300 meters?
<i>If not 'purpose built', copies of permits required to confirm modifications done to code.</i>			
Are any of tenants currently in arrears with their rent payment? <i>If 'yes', please explain in 'Comments'</i>	Yes	No	Firehall within 8 Kms?
Is Insured currently involved in any proceedings or awaiting any proceedings with the Rent Control Board? <i>If 'yes', explain in 'Comments'</i>	Yes	No	Is it a voluntary firehall?
Who is responsible for snow removal?	Min. one (1) smoke detector per floor?		
If tenant is responsible for snow removal, is there a separate agreement in place?	Is the home occupied by owner?		
If the applicant DOES NOT live within 250 kms of the property, who will be maintaining the property?	Is this leased land?		
How does the applicant obtain tenants and what screening process is used?	Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>		
<b>2. Construction Details</b>			
Year built		Building area in sq. feet	
No of Stories		Construction	
	<b>Type</b>	<b>Year Updated</b>	
Electrical Wiring & Amperage			
Breakers or Fuses			
Plumbing			
Heating			
Supplementary Heating			
Roof			
<b>3. Private Protections</b>			<b>Yes No</b>
Fire Alarm	Sprinklered		
Burglar Alarm	On-Site Security		
Monitored			
<b>4. Comments:</b>			

5. 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?		
6. Coverage		Limits Required		Deductible		
Building(s)		\$				
Outbuilding(s) <sup>1</sup> <i><sup>1</sup>No cover given for outbuildings unless a limit is shown on the policy.</i>		\$				
Contents		\$				
Rental Income		\$				
Sewer Back Up		\$				
Liability (CGL)		\$				
7. Is coverage required for: Equipment Breakdown:      Yes      No      Flood:      Yes      No      Earthquake:      Yes      No <i>(Excluding BC)</i>						
8. Current photos of the risk attached?		Yes	No	(Current photos and Building Evaluator are not required for quoting, but will be required in order to bind coverage)		
EZ_ITV or equivalent evaluator attached?		Yes	No			
9. 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 NO COVERAGE is given by this application form. Coverage is only given upon written confirmation of binding from ABEX.**

**This Section is For Broker Use Only**

\*

\* 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**