



Student Rental Application

ABEX Affiliated Brokers Exchange Inc.
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 Waterloo, ON N2L 6R5
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quotes@abexinsurance.com

Brokerage:	Broker contact:
Broker address:	Email:
Named insured:	Broker code:
Mailing address:	Effective date: Policy term:
Location address:	
Loss payee(s):	
Loss payee(s) address:	
Other policies with ABEX:	

Underwriting Details			Yes	No
1. Prior insurance & expiry date:				
Are there annual leases in place?				
Total number of self contained units (kitchens):	Total number of students:			
Do local by-laws require student housing to be licensed?	Yes	No		
Is the dwelling licensed for student housing?	Yes	No		
Is this a fraternity house?	Yes	No		
Who is responsible for snow removal?				
If tenant responsible for snow removal, is there a separate agreement in place?				

If the applicant DOES NOT live within 100 kms of the property, who will be responsible for maintaining the property?

2. Construction Details		
Year built		Building area in sq. feet
No of Stories		Construction
	Type	Year Updated
Electrical		
Amperage		
Plumbing		
Heating		
Roof		

Private Protections		
	Yes	No
Fire Alarm		
Burglar Alarm		
Monitored		
Sprinklered		
On-Site Security		

Comments:

3. 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?

4. Coverage	Limits Required	Deductible
Building(s)	\$	
Outbuilding(s) **	\$	
Contents	\$	
Rental Income	\$	
Sewer Back Up	\$	
Liability (CGL)	\$	

****No cover given for outbuildings unless a limit is shown on the policy.****

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	

5. 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

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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 Internet Explorer or email the application to **quotes@abexinsurance.com** or fax it to 1-855-821-7060.