



Vacant Condo Application

ABEX Affiliated Brokers Exchange Inc.
 375 Hagey Boulevard, Suite 302
 Waterloo, ON N2L 6R5
 (p)519-880-0044 (f)1-855-821-7060
www.abexinsurance.com
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Is the property undergoing any renovation:	Yes	No	If yes, please complete Building Undergoing Renovation application INSTEAD. It can be found at www.abexinsurance.com/applications
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
Prior insurance & expiry date:	Has applicant ever had insurance declined or cancelled?		
Is Condominium Corporation registered?	Yes	No	Hydrant within 300 meters?
How long has the risk been vacant?	Firehall within 8 Kms?		
Use / occupancy prior to vacancy?	Is it a voluntary firehall?		
Reason for vacancy?	Will utilities be maintained?		
Who is responsible for snow removal?	Is there a sump pump?		
If the applicant DOES NOT live within 100 kms of the property who will be responsible for maintaining the property?			
Describe future plans for this property:			

Construction Details				Private Protections		
					Yes	No
Year built		Building area in sq. feet		Fire Alarm		
No of Stories		Construction		Burglar Alarm		
	Type		Year Updated	Monitored		
Electrical				Sprinklered		
Amperage				On-Site Security		
Plumbing				Comments:		
Heating						
Roof						

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?

Coverage	Limits Required	Deductible
Contents incl. Improvements/Betterments***		
Loss Assessment	\$25,000	
Unit Owners Contingent	250% of contents limit	
Liability (CGL)		

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

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.