



Rented Condo Application*

ABEX Affiliated Brokers Exchange Inc.
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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

| | |
|---------------------------|---------------------------------|
| 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 there an annual lease in place? | Hydrant within 300 meters? | | |
| Total number of units: | Firehall within 8 Kms? | | |
| Total number of tenants: | Is this off campus housing? | | |
| Is Condominium Corporation registered? | Min. one (1) smoke detector per floor? | | |
| Who is responsible for snow removal? | | | |
| If tenant is 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? | | | |

| 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:

| 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 | | | |
| Rental Income | | | | |
| 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.