



# Rented Condo Application\*

ABEX Affiliated Brokers Exchange Inc.  
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[www.abexinsurance.com](http://www.abexinsurance.com)

\*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](http://www.abexinsurance.com/applications)

|                           |                                 |
|---------------------------|---------------------------------|
| Brokerage:                | Broker contact:                 |
| Broker address:           | Email:                          |
| Named Insured:            | Broker code:                    |
| Mailing address:          | Effective date:<br>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? <i>If 'yes', please explain in 'Comments'</i> |     |    |
| 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              |  |
|                      | <b>Type</b> | <b>Year Updated</b>       |  |
| 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](mailto:quotes@abexinsurance.com) or fax it to 1-855-821-7060.