



Tenants Package Application

ABEX Affiliated Brokers Exchange Inc.
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 Kitchener, ON N2K 3S2
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quotes@abexinsurance.com
www.abexinsurance.com

Brokerage:	Broker code:
Broker address:	Email:
Named Insured:	Broker contact:
Location:	Effective date:
Other policies with ABEX:	

Underwriting Details

Prior insurance & expiry date:	Total number of tenants:
Who is responsible for snow removal?	
Yes No	Yes No
Has applicant ever had insurance declined or cancelled? <i>If 'yes' please explain in 'Additional Comments' section</i>	Is there a pool located on the premises?
Hydrant within 300 meters?	Is it a single residential with pool?*
Firehall within 8 Kms?	*If yes, please complete Pool Supplement found at: www.abexinsurance.com/applications <i>Caution: Link opens in same window, save your work first</i>
Min. one (1) smoke detector per floor?	

Construction Details	
Year built	
No of Stories	
Building area in sq. feet	
Construction	

	Type	Year Updated
Electrical		
Amperage		
Plumbing		
Primary Heating		
Supplementary Heating		
Roof		

Comments:

Building type (single family, row house etc):

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				Premium
Contents (Hydrant Protected)	\$25,000 (\$100)	\$30,000 (\$120)	\$50,000 (\$200)	\$75,000 (\$300)	
Contents (Semi-protected)	\$25,000 (\$125)	\$30,000 (\$150)	\$50,000 (\$250)	\$75,000 (\$375)	
Contents (Unprotected)	\$25,000 (\$150)	\$30,000 (\$180)	\$50,000 (\$300)	\$75,000 (\$450)	
Liability	\$1,000,000				\$300
Policy Fee	Non-refundable				\$125
Total Premium					Total:

Underwriting Considerations

No current or open claims at time of binding
No first year students
No frat houses
Maximum \$1,000,000 liability limit
No cancel for non-pay

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 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.