



Vacant Condo Application

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

| | | | | |
|---|-------------|---|--|--------------------|
| 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? <i>If 'yes', please explain in 'Comments'</i> | | |
| Is Condominium Corporation registered? | | Yes No | Hydrant within 300 meters? | |
| Is the applicant a registered condo unit owner? | | Yes No | Firehall within 8 Kms? | |
| Building type (single family, row house, highrise, etc): | | Is it a voluntary firehall? | | |
| How long has the risk been vacant? | | Will utilities be maintained? | | |
| Use / occupancy prior to vacancy? | | Is there a sump pump? | | |
| Reason for vacancy? | | Who is responsible for snow removal? | | |
| 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 | | | | |
| 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 | |
| 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.