



Tenants Package Application

ABEX Affiliated Brokers Exchange Inc.
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www.abexinsurance.com

Brokerage:	Broker code:
Broker address:	Email:
Named Insured:	Broker contact:
Location:	Effective date:

Other policies with ABEX:	Prior insurance & expiry date:
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Underwriting Details

Building type (single family, row house etc):	Is the dwelling occupied by the owner?
Who is responsible for snow removal?	Total number of tenants:

Yes	No	Yes	No
Min. one (1) smoke detector per floor?		Has applicant ever had insurance declined or cancelled? <i>If 'yes' please explain in 'Comments' section</i>	
Hydrant within 300 meters?		Is there a hot tub located on the premises?	
Firehall within 8 Kms?		Is there a pool located on the premises?	
Is it a voluntary fire hall?		<i>If 'yes', we decline rentals with pools.</i>	

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:

Have there been losses or claims by the applicant in the last 5 years?		Yes	No
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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.