



Student Rental Application

ABEX Affiliated Brokers Exchange Inc.
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 Waterloo, ON N2L 5A6
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www.abexinsurance.com

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:	Prior insurance & expiry date:

Underwriting Details				Yes	No
Does the insured own the dwelling?				Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i>	
Building type (single family, row house etc):				Hydrant within 300 meters?	
Is there an annual lease in place?				Firehall within 8 Kms?	
Will the insured occupy the premises?				Is it a voluntary firehall?	
Total number of self contained units (kitchens):		Total number of students:		Min. one (1) smoke detector per floor?	
Do local by-laws require student housing to be licensed?				Yes	No
Is the dwelling licensed for student housing?				Yes	No
Are there two legal exits from the basement?				N/A	Yes
Are there sleeping quarters in the basement?				N/A	Yes
Who is responsible for snow removal?				Is this a fraternity house?	

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				Private Protections		
				Yes	No	
Year built		Building area in sq. feet				
No of Stories		Construction				
	Type					
		Year Updated				
Electrical						
Amperage						
Plumbing						
Heating						
Roof						
Comments:						

3. 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?
4. Coverage		Limits Required		Deductible
Building(s)	\$			
Outbuilding(s) **	\$			
Contents	\$			
Rental Income	\$			
Sewer Back Up	\$			
Liability (CGL)	\$			
No cover given for outbuildings unless a limit is shown on the policy.				
Current photos of the risk attached ?	Yes	No	(Current photos and Building Evaluator are not required for quoting, EZ_ITV or equivalent evaluator attached? Yes No but will be required in order to bind coverage)	
5. 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.