



High Value Homeowner Application

(min value \$750,000)

ABEX Affiliated Brokers Exchange Inc.
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Brokerage:		Broker code:	
Broker address:		Email:	
Named Insured(s):			
Location:			
Mailing address:			
Effective date:		Other policies with ABEX:	
If more than one applicant is shown above, provide details for both:			
1. Occupation:	Years continuously employed:	Date of birth:	
2. Occupation:	Years continuously employed:	Date of birth:	
Has applicant changed address in last 3 years?		Yes	No
If yes, please provide previous address:			
Mortgagee(s):			
Underwriting Details			
1. Prior insurance & expiry date:		2. Occupancy:	
3. Current market value of home: \$		Total amount of mortgages/encumbrances: \$	
Are any of your mortgages/liens/encumbrance or property tax payments in arrears?		Yes	No
If yes, the total amount of your mortgages/liens/encumbrance or property tax payments in arrears: \$			
4. Is the home currently undergoing renovations?		Yes	No
<i>If yes, please provide details in 'Remarks' section (No.15)</i>			
5. 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?
6. Has applicant ever had insurance declined or cancelled?		Yes	No
<i>If 'yes', please provide details in 'Remarks' section (No.15)</i>			
7. Is there a monitored alarm on premises?		Yes	No
		Is the lot bigger than 1 acre?	Yes
			No
<i>If 'yes', how many acres?</i>			
8. Is this business new to your office?		Yes	No
How long have you known the applicant?			
Have you seen this property?		Yes	No
<i>If 'yes', when:</i>		Condition of property:	
		Good	Fair
		Poor	
9. Hydrant within 300 meters?		Yes	No
Firehall within 8 Kms?		Yes	No
Min. 1 smoke detector/floor?		Yes	No
10. Is the risk located in an active flood zone?		Yes	No
Is the risk located within 50 kms of an active fire zone?		Yes	No

11. Construction Details		Type	Year Updated
Year built		Electrical	
No of Stories		Amperage	
Building area in sq. feet		Plumbing	
Construction		Primary Heating	
Heritage Building	Yes No	Supplementary Heating	
		Roof	

12. Additional Liability Exposure (explain 'yes' responses in Comments)						
	Yes	No	Comments	Yes	No	Comments
Location rented to others:		# wks.	Daycare - # children			
# additional families			Business operations at this location?			
# rooms rented to others			Is there a co-occupant who requires coverage?			
Additional residences/properties		#	Swimming pool			
Other exposures (explain):			Hot tub			

13. Coverage Limits & Deductibles		Deductible: \$			
Dwelling Building: \$	Detached Private Structure: \$	Personal Property: \$	Legal Liability: \$		
Current interior photos of the risk attached?	Yes No	No	<i>(Current photos and Building Evaluator are not required for quoting, but will be required in order to bind coverage)</i>		
Current exterior photos of the risk attached	Yes No	No			
EZ_ITV or equivalent evaluator attached?	Yes No	No			

14. Scheduled Personal Property Summary (Appraisals may be required for some items).			
Jewellery (amt of insurance): \$	Fine arts (amt of insurance): \$	Other:	Amt of insurance: \$
Total policy premium: \$	Total policy fee: \$		

15. Remarks:

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.