



Rented Condo Application*

ABEX Affiliated Brokers Exchange Inc.
139 Northfield Dr. W., Suite 206
Waterloo, ON N2L 5A6
(p)519-880-0044 (f)1-855-821-7060
quotes@abexinsurance.com
www.abexinsurance.com

*If applying for an off-campus student condo rental or short-term condo rental, please complete our Rented Student Condo Application or Rented Short-Term Condo Application 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:	Prior insurance & expiry date:																				
Underwriting Details		Yes	No																		
Is Condo Corporation registered?	Does the insured own the condo unit?	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?																			
Total number of units:	Total number of tenants:	Is it a voluntary firehall?																			
Is this off campus housing?		Min. one (1) smoke detector per floor?																			
Who is responsible for snow removal?		Is the applicant owner of the condo unit?																			
If tenant is responsible for snow removal, is there a separate agreement in place?		Is there a hot tub located on the premises?																			
If the applicant DOES NOT live within 100 kms of the property, who will be responsible for maintaining the property?		Is there a pool located on the premises?																			
Construction Details		Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>																			
Year built	Building area in sq. feet	Is the risk located in an active flood zone? <i>If 'yes', we'd decline.</i>																			
No of Stories	Construction	Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>																			
	Type	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Private Protections</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>Fire Alarm</td><td></td><td></td></tr> <tr><td>Burglar Alarm</td><td></td><td></td></tr> <tr><td>Monitored</td><td></td><td></td></tr> <tr><td>Sprinklered</td><td></td><td></td></tr> <tr><td>On-Site Security</td><td></td><td></td></tr> </tbody> </table>		Private Protections	Yes	No	Fire Alarm			Burglar Alarm			Monitored			Sprinklered			On-Site Security		
Private Protections	Yes			No																	
Fire Alarm																					
Burglar Alarm																					
Monitored																					
Sprinklered																					
On-Site Security																					
	Year Updated																				
Electrical																					
Amperage																					
Plumbing																					
Heating																					
Roof																					
		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			
Rental Income				
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

*

* 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.