



Seasonal/Short Term Rented Dwelling 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

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
Building type (single family, row house etc):	Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i>	
Does the insured own the dwelling? Is there an annual lease in place?	Hydrant within 300 meters?	
How many weeks will the premises be rented?	Firehall within 8 Kms?	
Will the insured occupy the premises? How often?	Is it a voluntary firehall?	
Is the risk visited a minimum of once every 7 days?	Min. one (1) smoke detector per floor?	
Total number of units: Total number of tenants:	Are tenants over the age of 25 (other than accompanied minors)?	
Who is responsible for snow removal?	Is there a hot tub located on the premises?	
If tenant is responsible for snow removal, is there a separate agreement?	Is there a pool located on the premises? <i>If 'yes', we decline rentals with pools.</i>	
If the applicant DOES NOT live within 100 kms of the property, who will be responsible for maintaining the property?	Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>	
Is the use of watercraft or recreation equipment included with rental?	Is the risk located in an active flood zone? <i>If 'yes', we'd decline.</i>	
Is watercraft motorized or un-motorized?	Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>	
How does the applicant obtain tenants and what screening process is used?		

Construction Details				Private Protections		Yes	No
Year built		Building area in sq. feet		Fire Alarm			
No of Stories		Construction		Burglar Alarm			
	Type		Year Updated	Monitored			
Electrical				Sprinklered			
Amperage				On-Site Security			
Plumbing				Comments:			
Heating							
Roof							

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
Building(s)	\$	
Outbuilding(s) ¹	\$	
Contents ²	\$	
Rental Income	\$	
Sewer Back Up	\$	
Liability (CGL)	\$	

¹No cover given for outbuildings unless a limit is shown on the policy.

² Are any valuable articles stored on premises (e.g. jewellery, furs, computers etc.)

Yes No

Any items kept in separate locked room or outbuilding?

Yes No

If yes, please describe:

Current photos of the risk attached?	Yes	No	(Current photos and Building Evaluator are not required for quoting, but will be required in order to bind coverage)
EZ_ITV or equivalent evaluator attached?	Yes	No	

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.