



Vacant Condo Application

ABEX Affiliated Brokers Exchange Inc.
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 Waerloo, ON N2L 5A6
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quotes@abexinsurance.com
www.abexinsurance.com

Is the property undergoing any renovation:	Yes	No	If yes, please complete Building Undergoing Renovation application INSTEAD. It can be 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																		
Building type (single family, row house, highrise, etc):			Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i>																				
Is Condo Corporation registered?	Does the insured own the condo unit?		Hydrant within 300 meters?																				
How long has the risk been vacant?			Firehall within 8 Kms?																				
Use / occupancy prior to vacancy?			Is it a voluntary firehall?																				
Reason for vacancy?			Will utilities be maintained?																				
Who is responsible for snow removal?			Is there a sump pump?																				
If the applicant DOES NOT live within 100 kms of the property who will be responsible for maintaining the property?			Is there a hot tub located on the premises?																				
Describe future plans for this property:			Is there a pool located on the premises?																				
			Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>																				
			Is the risk located in an active flood zone? <i>If 'yes', we'd decline.</i>																				
			Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>																				
Construction Details																							
Year built		Building area in sq. feet		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">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		
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No of Stories		Construction																					
	Type	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?

Coverage	Limits Required	Deductible
Contents incl. Improvements/Betterments***		
Loss Assessment	\$25,000	
Unit Owners Contingent	250% of contents limit	
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

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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.