



# Tenants Package Application

ABEX Affiliated Brokers Exchange Inc.  
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Brokerage:	Broker code:
Broker address:	Email:
Named Insured:	Broker contact:
Location:	Effective date:

Other policies with ABEX:	Prior insurance & expiry date:
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## Underwriting Details

Building type (single family, row house etc):	Is the dwelling occupied by the owner?
Who is responsible for snow removal?	Total number of tenants:

	Yes	No		Yes	No
Min. one (1) smoke detector per floor?			Has applicant ever had insurance declined or cancelled? <i>If 'yes' please explain in 'Comments' section</i>		
Hydrant within 300 meters?			Is there a pool and/or hot tub located on the premises? <i>If 'yes', we'd decline.</i>		
Firehall within 8 Kms?			Is the risk located in an active flood zone? <i>If 'yes', we'd decline.</i>		
Is it a voluntary fire hall?			Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>		

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

Comments:

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<b>Have there been losses or claims by the applicant in the last 5 years?</b>	Yes	No	
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Date of loss	Detailed description of loss	Amount paid	Open / closed?	Preventative measures in place?

Coverage	Limits Required				Premium
Contents (Hydrant Protected)	\$25,000 (\$100)	\$30,000 (\$120)	\$50,000 (\$200)	\$75,000 (\$300)	
Contents (Semi-protected)	\$25,000 (\$125)	\$30,000 (\$150)	\$50,000 (\$250)	\$75,000 (\$375)	
Contents (Unprotected)	\$25,000 (\$150)	\$30,000 (\$180)	\$50,000 (\$300)	\$75,000 (\$450)	
Liability	\$1,000,000				\$300
Policy Fee	Non-refundable				\$150
Total Premium					Total:

**Underwriting Considerations**

No current or open claims at time of binding  
No first year students  
No frat houses  
Maximum \$1,000,000 liability limit  
No cancel for non-pay  
Premium is 100% earned

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 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**