



Rented Short-Term Condo Application

ABEX Affiliated Brokers Exchange Inc.
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 Waterloo, ON N2L 5A6
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www.abexinsurance.com

Is this off-campus housing? Yes No If 'yes', please complete Rented Student 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):	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: <i>Any rental with more than 4 rooms will be declined as it is classified as a lodging house.</i>	Total number of tenants:	Are tenants over the age of 25 (other than accompanied minors)?																			
Who is responsible for snow removal?		Is there a pool and/or hot tub located on the premises?																			
If tenant is responsible for snow removal, is there a separate agreement in place?		Is the risk located in an active flood zone? <i>If 'yes', we'd decline.</i>																			
If the applicant DOES NOT live within 100 kms of the property, who will be responsible for maintaining the property?		Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>																			
Is the use of watercraft or recreation equipment included with rental?		Does the risk meet local Fire Code & By-law requirements for its current occupancy?																			
Is watercraft motorized or un-motorized?		<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		
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How does the applicant obtain tenants and what screening process is used?																					

Construction Details			
Year built		Building area in sq. feet	
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?	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

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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