



Seasonal/Short Term Rented Dwelling Application

ABEX Affiliated Brokers Exchange Inc.
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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?			Hydrant within 300 meters?	
How many weeks will the premises be occupied? (including occupancy by the insured)		Less than 26 weeks More than 26 weeks	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)?	
<i>Any rental with more than 4 rooms will be declined as it is classified as a lodging house.</i>				
Who is responsible for snow removal?			Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>	
If tenant is responsible for snow removal, is there a separate agreement?			Is there a pool and/or hot tub located on the premises? <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 in an active flood zone? <i>If 'yes', we'd decline.</i>	
Is the use of watercraft or recreation equipment included with rental?			Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>	
Is watercraft motorized or un-motorized?			Does the risk meet local Fire Code and By-law requirements for its current occupancy?	

How does the applicant obtain tenants and what screening process is used?

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

Private Protections	Yes	No
Fire Alarm		
Burglar Alarm		
Monitored		
Sprinklered		
On-Site Security		

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
Building(s)	\$	
Outbuilding(s) ¹ <small>¹ No cover given for outbuildings unless a limit is shown on the policy.</small>	\$	
Contents ²	\$	
Rental Income	\$	
Sewer Back Up	\$	
Liability (CGL)	\$	

Is coverage required for:	Equipment Breakdown: Yes	No	Flood: Yes <i>(Ontario only)</i>	No	Earthquake: Yes <i>(Ontario only)</i>	No
² Are any valuable articles stored on premises (e.g. jewellery, furs, computers etc.)	Yes	No	Yes	No		
Any items kept in separate locked room or outbuilding?	Yes	No	Yes	No		
If yes, please describe:						
Current photos of the risk attached?	Yes	No	(Current photos and Building Evaluator are not required for EZ_ITV or equivalent evaluator attached?)			
EZ_ITV or equivalent evaluator attached?	Yes	No	quoting, but will be required in order to bind coverage)			

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**