



## Rented Student Condo Application

ABEX Affiliated Brokers Exchange Inc.  
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Waterloo, ON N2L 5A6  
(p) 519-880-0044  
[quotes@abexinsurance.com](mailto:quotes@abexinsurance.com)  
[www.abexinsurance.com](http://www.abexinsurance.com)

Is this a short-term condo rental? Yes    No    If 'yes', please complete Rented Short-Term Condo Application found at [www.abexinsurance.com/applications](http://www.abexinsurance.com/applications)

Brokerage:	Broker contact:
Broker address:	Email:
Named Insured:	Broker code:
Mailing address:	Effective date: Policy term:

Location address:

Mortgagee(s):

Mortgagee(s) address:

Other policies with ABEX: Prior insurance & expiry date:

Underwriting Details	Yes	No
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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):		Hydrant within 300 meters?	
Is there an annual lease in place?		Firehall within 8 Kms?	
Will the insured occupy the premises?		Is it a voluntary firehall?	
Total number of self contained units (kitchens):	Total number of students:	Min. one (1) smoke detector per floor?	
Do local by-laws require student housing to be licensed?	Yes    No	Is there a woodstove on the premises?	
Is the dwelling licensed for student housing?	Yes    No	Is this a fraternity house?	
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>	
		Does the risk meet local Fire Code & By-law requirements for its current occupancy?	

Construction Details																					
Year built		Unit area in sq. feet																			
No of Stories		Construction																			
	Type	Year Updated																			
Electrical			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Private Protections</th> <th style="width: 5%;">Yes</th> <th style="width: 5%;">No</th> </tr> <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> </table>	Private Protections	Yes	No	Fire Alarm			Burglar Alarm			Monitored			Sprinklered			On-Site Security		
Private Protections	Yes	No																			
Fire Alarm																					
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Sprinklered																					
On-Site Security																					
Amperage																					
Plumbing																					
Heating																					
Supplementary 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*** <i>Minimum limit \$25,000</i>				
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](mailto:quotes@abexinsurance.com)