



Vacant Building Application

ABEX Affiliated Brokers Exchange Inc.
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 Waterloo, ON N2L 5A6
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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:	
Mortgagee(s):	
Mortgagee(s) address:	
Other policies with ABEX:	Prior insurance & expiry date:

Underwriting Details		Yes	No
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Building type (single family, row house etc):	How long has the risk been vacant:	Has applicant ever had insurance declined or cancelled? <i>If 'yes' please explain in 'Comments'</i>
Use / occupancy prior to vacancy?		Hydrant within 300 meters?
Reason for vacancy?		Firehall within 8 Kms?
Who is responsible for snow removal?		Is it a voluntary firehall?
If the applicant DOES NOT live within 100 kms of the property who will be responsible for maintaining the property?		Will utilities be maintained?
If vacant more than 12 months, what is the property's current market value?		Is there a sump pump?
Describe future plans for this property:		Is there a pool and/or hot tub on premises?
Total amount of mortgages/encumbrances: \$		Are there more than 6 parking spots on premises? <i>If 'yes', how many?</i>
Are any of your mortgages/liens/encumbrances or property tax payments in arrears?		Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>
Yes No If "yes", the total amount: \$		Is the risk located in an active flood zone? <i>If 'yes', we'd decline.</i>

Construction Details			
Year built		Building 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="text-align: center;">Yes</th> <th style="text-align: center;">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																			
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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
Building(s)	\$	
Outbuilding(s) **	\$	
Contents	\$	
Equipment	\$	
Sewer Back Up	\$	
Liability (CGL)	\$	

****No cover given for outbuildings unless a limit is shown on the policy.****

Current photos of the risk attached ?	Yes	No	<i>(Current photos and Building Evaluator are not required for quoting, but will be required in order to bind coverage)</i>
EZ_ITV or equivalent evaluator attached?	Yes	No	

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**