



High Value Homeowner Application

(min value \$1,000,000)

ABEX Affiliated Brokers Exchange Inc.
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 Waterloo, ON N2L 5A6
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|--|------------------------------|--|---|
| Brokerage: | | Broker code: | |
| Broker address: | | Email: | |
| Named Insured(s): | | | |
| Location: | | | |
| Mailing address: | | | |
| Effective date: | | Other policies with ABEX: | |
| If more than one applicant is shown above, provide details for both: | | | |
| 1. Occupation: | Years continuously employed: | Date of birth: | |
| 2. Occupation: | Years continuously employed: | Date of birth: | |
| Has applicant changed address in last 3 years? | | Yes | No |
| If yes, please provide previous address: | | | |
| Mortgagee(s): | | | |
| Underwriting Details | | | |
| 1. Prior insurance & expiry date: | | 2. Occupancy: | |
| 3. Current market value of home: \$ | | Total amount of mortgages/encumbrances: \$ | |
| Are any of your mortgages/liens/encumbrance or property tax payments in arrears? | | Yes | No |
| If yes, the total amount of your mortgages/liens/encumbrance or property tax payments in arrears: \$ | | | |
| 4. Is the home currently undergoing renovations? | | Yes | No <i>If yes, please provide details in 'Remarks' section (No.16)</i> |
| 5. 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? |
| | | | |
| | | | |
| 6. Has applicant ever had insurance declined or cancelled? | | Yes | No <i>If 'yes', please provide details in 'Remarks' section (No.16)</i> |
| 7. Is there a monitored alarm on premises? | | Yes | No |
| Is the lot bigger than 1 acre? | | Yes | No <i>If 'yes', how many acres?</i> |
| 8. Is this business new to your office? | | Yes | No |
| How long have you known the applicant? | | | |
| Have you seen this property? | | Yes | No <i>If 'yes', when:</i> |
| Condition of property: | | Good | Fair |
| 9. Hydrant within 300 meters? | | Yes | No |
| Firehall within 8 Kms? | | Yes | No |
| Is it a voluntary firehall? | | Yes | No |
| Min. 1 smoke detector/floor? | | Yes | No |
| 10. Is the risk located in an active flood zone? | | Yes | No |
| Is the risk located within 50 kms of an active fire zone? | | Yes | No |

| | | | | | | |
|--|----------------------------------|-----------------------|---|--|--------------------|-----------------|
| 11. Construction Details | | | | Type | Year Updated | |
| Year built | | | | Electrical | | |
| No of Stories | | | | Amperage | | |
| Building area in sq. feet | | | | Plumbing | | |
| Construction | | | | Primary Heating | | |
| Does the building have a heritage designation? If 'yes', is the designation with respect to façade/exterior only? <i>If interior designation, we'd decline.</i> | Yes | No | | Supplementary Heating | | |
| | Yes | No | | Roof | | |
| 12. Additional Liability Exposure (explain 'yes' responses in Comments) | | | | | | |
| | | Yes | No | Comments | | |
| Location rented to others: # wks. | | | | Daycare - # children | | |
| # additional families | | | | Business operations at this location? | | |
| # rooms rented to others | | | | Is there a co-occupant who requires coverage? | | |
| Additional residences/properties # | | | | Swimming pool | | |
| Other exposures (explain): | | | | Hot tub | | |
| 13. Coverage Limits & Deductibles | | | | | | |
| | | Deductible: \$ | | | | |
| Dwelling Building: \$ | Detached Private Structure: \$ | Personal Property: \$ | | Legal Liability: \$ | | |
| Current interior 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> | | | |
| Current exterior photos of the risk attached | Yes | No | | | | |
| EZ_ITV or equivalent evaluator attached? | Yes | No | | | | |
| 14. Scheduled Personal Property Summary (Appraisals may be required for some items). | | | | | | |
| Jewellery (amt of insurance): \$ | Fine arts (amt of insurance): \$ | Other: | | Amt of insurance: \$ | | |
| Total policy premium: \$ | Total policy fee: \$ | | | | | |
| 15. Is overland water coverage needed (subject to availability): | | | | | | |
| | | Yes | No | | | |
| If yes, select Limit: | \$25,000 | \$50,000 | \$100,000 | \$250,000 | Select Deductible: | \$2,000 \$5,000 |
| 16. Remarks: | | | | | | |

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**