



Rented Dwelling Application*

ABEX Affiliated Brokers Exchange Inc.
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www.abexinsurance.com

*If applying for an off-campus student housing rental, please complete our Student Housing 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:	
Mortgagee(s):	
Mortgagee(s) address:	
Other policies with ABEX:	Prior insurance & expiry date:

Underwriting Details		Yes	No																		
Is there an annual lease in place?	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?																				
Total number of units: <i>Up to 6-plex. If not 'purpose built' copies of permits required to confirm modifications done to code.</i>	Total number of tenants: Firehall within 8 Kms?																				
Who is responsible for snow removal?	Is it a voluntary firehall?																				
If tenant is responsible for snow removal, is there a separate agreement in place?	Min. one (1) smoke detector per floor?																				
If the applicant DOES NOT live within 100 kms of the property, who will be maintaining the property?	Is the home occupied by owner?																				
How does the applicant obtain tenants and what screening process is used?	Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>																				
	Is there a pool and/or hot tub located on the premises? <i>If 'yes', we'd decline.</i>																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">Construction Details</th> <td></td> <td></td> </tr> <tr> <td style="width: 20%;">Year built</td> <td style="width: 20%;"></td> <td style="width: 20%;">Building area in sq. feet</td> <td style="width: 20%;"></td> </tr> <tr> <td>No of Stories</td> <td></td> <td>Construction</td> <td></td> </tr> </table>	Construction Details				Year built		Building area in sq. feet		No of Stories		Construction		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																			
	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 and By-law requirements for its current occupancy?																				
	Is the dwelling purpose-built for its current occupancy? <i>If 'no', permits required for a quote.</i>																				
	Does the building have a heritage designation? If 'yes', is the designation with respect to façade/exterior only? <i>If interior, we'd decline.</i>																				
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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 <i>¹No cover given for outbuildings unless a limit is shown on the policy.</i>		\$									
Contents		\$									
Rental Income		\$									
Sewer Back Up		\$									
Liability (CGL)		\$									
Is coverage required for:		Equipment Breakdown:	Yes	No	Flood:	Yes	No	Earthquake:	Yes	No	
						<i>(Ontario only)</i>				<i>(Ontario only)</i>	
Current photos of the risk attached?		Yes	No	(Current photos and Building Evaluator are not required for							
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**