



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: | |
| Mortgagee(s): | |
| Mortgagee(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 |
| Will the insured occupy the premises? | How often? | |
| Is the risk visited a minimum of once every 7 days? | Firehall within 8 Kms? | |
| Total number of units: | Total number of tenants: | |
| Who is responsible for snow removal? | Is it a voluntary firehall? | |
| If tenant is responsible for snow removal, is there a separate agreement? | Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i> | |
| If the applicant DOES NOT live within 100 kms of the property, who will be responsible for maintaining the property? | Is there a pool and/or hot tub located on the premises? <i>If 'yes', we'd decline.</i> | |
| Is the use of watercraft or recreation equipment included with rental? | Is the risk located in an active flood zone? <i>If 'yes', we'd decline.</i> | |
| Is watercraft motorized or un-motorized? | Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i> | |
| How does the applicant obtain tenants and what screening process is used? | Does the risk meet local Fire Code and By-law requirements for its current occupancy? | |

Construction Details

| | | | |
|---------------|--|---------------------------|--|
| Year built | | Building area in sq. feet | |
| No of Stories | | Construction | |

| | Type | Year Updated |
|-----------------------|------|--------------|
| Electrical | | |
| Amperage | | |
| Plumbing | | |
| Heating | | |
| Supplementary Heating | | |
| Roof | | |

| | | |
|----------------------------|------------|-----------|
| | Yes | No |
| Private Protections | | |
| 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 | No | Earthquake: | Yes | No |
| | | | | | <i>(Ontario only)</i> | | | <i>(Ontario only)</i> | |
| ² Are any valuable articles stored on premises (e.g. jewelery, furs, computers etc.) | | Yes | No | | | | | | |
| Any items kept in separate locked room or outbuilding? | | 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? 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**