



# High Value Homeowner Application

**(min value \$1,000,000)**

ABEX Affiliated Brokers Exchange Inc.  
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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):  |                              |  |      |
| <b>Underwriting Details</b>  |                              |  |      |
| 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. Construction Details  |                              | 6. Other Details <span style="float:right"><b>Yes No</b></span>  |      |
| Year built   |                              | Building area in sq. feet  |      |
| No of Stories  |                              | Construction   |      |
|  | <b>Type</b>                  | <b>Year Updated</b>  |      |
| Electrical   |                              |  |      |
| Amperage   |                              |  |      |
| Plumbing   |                              |  |      |
| Heating  |                              |  |      |
| Supplementary Heating  |                              |  |      |
| Roof   |                              |  |      |
| 5. Is this business new to your office?  |                              | Yes  | No   |
| How long have you known the applicant?   |                              |  |      |
| Have you seen this property?   |                              | Yes  | No   |
| If 'yes', when:  |                              |  |      |
| Condition of property:   | Good                         | Fair   | Poor |
|  |                              | Is the home currently undergoing renovations?<br><i>If 'yes', please explain in 'Comments'</i>           |      |
|  |                              | Has applicant ever had insurance declined or cancelled?<br><i>If 'yes', please explain in 'Comments'</i> |      |
|  |                              | Hydrant within 300 meters?   |      |
|  |                              | Firehall within 8 Kms?   |      |
|  |                              | Is it a voluntary firehall?  |      |
|  |                              | Min. one (1) smoke detector per floor?   |      |
|  |                              | Is there a monitored alarm on premises?  |      |
|  |                              | Is the lot bigger than 1 acre?<br><i>If 'yes', how many acres?</i>                                       |      |
|  |                              | Is the risk located in an active flood zone?   |      |
|  |                              | Is the risk located within 50 kms of an active fire zone?  |      |
|  |                              | 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>     |      |

|   |                              |             |                |
|---|------------------------------|-------------|----------------|
| 7. 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? |
|   |                              |             |                |
|   |                              |             |                |

|   |        |   |     |    |         |
|---|--------|---|-----|----|---------|
| 8. Additional Liability Exposure (explain 'yes' responses in Remarks) |        |   | Yes | No | Remarks |
| 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                                       |     |    |         |

|  |                                |   |                     |
|--|--------------------------------|---|---------------------|
| 9. Coverage Limits & Deductibles                     |                                | Deductible: \$  |                     |
| Dwelling Building: \$                                | Detached Private Structure: \$ | Personal Property: \$   | Legal Liability: \$ |
| Current <b>interior</b> 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 <b>exterior</b> photos of the risk attached  | Yes No                         |   |                     |
| EZ_ITV or equivalent evaluator attached?             | Yes No                         |   |                     |

|  |                                  |        |                      |
|--|----------------------------------|--------|----------------------|
| 10. 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: \$             |        |                      |

|   |     |    |                              |          |           |           |           |             |         |         |
|---|-----|----|------------------------------|----------|-----------|-----------|-----------|-------------|---------|---------|
| 11. Are the following coverages needed (subject to availability)? |     |    |                              |          |           |           |           |             |         |         |
| Overland water:   | Yes | No | If 'yes', select limit:      | \$50,000 | \$50,000  | \$100,000 | \$250,000 | Deductible: | \$2,000 | \$5,000 |
| Earthquake:   | Yes | No | If 'yes', select deductible: | 5%       | 8%        | 10%       |           |             |         |         |
| Mechanical breakdown:   | Yes | No | If 'yes', select limit:      | \$50,000 | \$100,000 | \$250,000 | \$500,000 |             |         |         |
| Service line:   | Yes | No | If 'yes', select limit:      | \$10,000 | \$25,000  |           |           |             |         |         |

12. 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 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**