

Burglar Alarm

Monitored

On-Site Security

## Rented Dwelling Application\*

ABEX Affiliated Brokers Exchange Inc. 139 Northfield Dr. W., Suite 206 Waterloo, ON N2L 5A6 (p)519-880-0044 <u>quotes@abexinsurance.com</u> <u>www.abexinsurance.com</u>

\*If applying for an off-campus student housing rental, please complete our Student Housing Application found at www.abexinsurance.com/applications

		Sti	ident Hous	sing Applica	ation re	bund at www	v.abexinsuran	ce.com/applications			
Brokerage:								Broker contact:			
Broker address:								Email:			
Named Insured:								Broker code:			
Mailing address:											
Location address	5:										
Mortgagee(s):											
Mortgagee(s) ad	ldress:										
Effective date:	Effective date: Policy term:										
Prior insurance 8	& expiry	date:				Other pol	icies with ABE	X:			
1. Underwriting Details								Yes	No		
Is there an annual lease in place?								Has applicant ever had insurance declined or cancelled? If 'yes', please explain in 'Comments'			
Building type (single family, row house, etc):								Hydrant within 300 meters?			
Total number of units:  Total number of tenants:  Us to 6 play If not lawrees built series of parmits required to confirm modifications done to code.								Firehall within 8 Kms?			
Up to 6-plex. If not 'purpose built' copies of permits required to confirm modifications done to code.  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								Is this leased land?			
and what screening process is used?								Is the lot bigger than 1 acre?  If 'yes', how many acres?			
2. Construction	n Detai	ls		Building a	rea			Is there a pool and/or hot tub located on			
Year built				in sq. feet	t			the premises? If 'yes', we'd decline.			
No of Stories				Constructi	ion			Is the risk located in an active flood zone?  If 'yes', we'd decline.			
		Туре			Year	Updated		Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>			
Electrical								Does the risk meet local Fire Code and By-law			
Amperage								requirements for its current occupancy?  Is the dwelling purpose-built for its current			
Plumbing								occupancy? If 'no', permits required for a quote.			
Heating								Does the building have a heritage designation?			
Supplementary Heating								If 'yes', is the designation with respect to façade/exterior only? <i>If interior, we'd decline</i> .			
Roof											
3. Private Pro	tection	s Yes No				Yes No	4. Comme	ents:			
Fire Alarm			Sprinkle	ered							

5. Have ther	e been losses or claims by the applica	ant in the last	: 5 years?	res No			
Date of loss	Detailed description of lo	SS	Amount paid	Open / closed?		Preventative measures in place	
6. Coverage		Limits Re	quired		Deductible		
Building(s)		\$					
Outbuilding(s <sup>1</sup> No cover given fo	) <sup>1</sup> r outbuildings unless a limit is shown on the policy.	\$					
Contents		\$					
Rental Incom	е	\$					
Sewer Back U	Jp	\$					
Liability (CGL	)	\$					
<b>7.</b> Is coverage	e required for: Equipment Breakdown:	Yes	No Floo <i>(Ontario</i>	1 00	No	Earthquake: (Ontario only)	Yes No
	otos of the risk attached? uivalent evaluator attached?	Yes Yes				Evaluator are not in order to bind co	
<b>9.</b> Additional	comments:						
material fact. I/v affected thereor you to collect, us thereof, for the p Signature(	e declare that after proper enquiry the staten ve agree that this Application Form, together n. I/we undertake to inform Underwriters of a se and disclose personal information as permi purposes necessary to assess the risk, investig (s) of All Named Insureds (only required in	with any other n ny material alter itted by law, in co gate and settle cl	naterial information ration to these facts onnection with you aims, and detect ar Full Name(s)	n supplied by me/us s occurring before tl ir commercial insura nd prevent fraud, su	s shall forn he comple ance policy	n the basis of any coretion of the contract. y or a renewal, exten	ntract of insurance I/we authorize sion or variation
Position(s)	) Held at Insured:		Date:				

Absolutely <u>NO COVERAGE</u> 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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<sup>\*</sup> If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using a different browser or save and email the application to **quotes@abexinsurance.com**