



Rented Short-Term Condo Application

ABEX Affiliated Brokers Exchange Inc.
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 Waterloo, ON N2L 5A6
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www.abexinsurance.com

Is this off-campus housing? Yes No If 'yes', please complete Rented Student Condo Application found at www.abexinsurance.com/applications

| | |
|--------------------------------|---------------------------|
| Brokerage: | Broker contact: |
| Broker address: | Email: |
| Named Insured: | Broker code: |
| Mailing address: | |
| Location address: | |
| Mortgagee(s): | |
| Mortgagee(s) address: | |
| Effective date: | Policy term: |
| Prior insurance & expiry date: | Other policies with ABEX: |

| | | |
|--------------------------------|------------|-----------|
| 1. Underwriting Details | Yes | No |
|--------------------------------|------------|-----------|

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|--|---|--|--|
| Is Condo Corporation registered? | Condo Corporation deductible: \$ If >\$50,000, we'd decline. | Has applicant ever had insurance declined or cancelled? <i>If 'yes', pls explain in 'Ad'l Comments'</i> | |
| Does the insured own the condo unit? | Building type (single family, row house etc): | Hydrant within 300 meters? | |
| Is there an annual lease in place? | How many weeks will the premises be rented? | Firehall within 8 Kms? | |
| Will the insured occupy the premises? | How often? | Is it a voluntary firehall? | |
| Is the risk visited a minimum of once every 7 days? | | Min. one (1) smoke detector per floor? | |
| Total number of units: | Total number of tenants: | Are tenants over the age of 25 (other than accompanied minors)? | |
| Who is responsible for snow removal? | | Is there a pool and/or hot tub located on the premises? | |
| If tenant is responsible for snow removal, is there a separate agreement in place? | | Is the risk located in an active flood zone? If 'yes', we'd decline. | |
| If the applicant DOES NOT live within 100 kms of the property, who will be responsible for maintaining the property? | | Is the risk located within 50 kms of an active fire zone? If 'yes', we'd decline. | |
| Is the use of watercraft or recreation equipment included with rental? | | Does the risk meet local Fire Code & By-law requirements for its current occupancy? | |
| Is watercraft motorized or un-motorized? | | Is this leased land? | |

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| 2. Construction Details | |
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|-----------------------|-------------|-----------------------|---------------------|--|
| Year built | | Unit area in sq. feet | | |
| No of Stories | | Construction | | |
| | Type | | Year Updated | |
| Electrical | | | | |
| Amperage | | | | |
| Plumbing | | | | |
| Heating | | | | |
| Supplementary Heating | | | | |
| Roof | | | | |

| | | | |
|-------------------------------|--|-----------|-----------|
| 3. Private Protections | | Yes No | Yes No |
|-------------------------------|--|-----------|-----------|

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|---------------|------------------|
| Fire Alarm | Sprinklered |
| Burglar Alarm | On-Site Security |
| Monitored | |

| 4. 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? | | |
| | | | | | | |
| | | | | | | |
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| 5. Coverage | | Limits Required | | Deductible | | |
| Contents incl. Improvements/Betterments*** <i>Minimum limit \$25,000</i> | | | | | | |
| Loss Assessment | | \$25,000 | | | | |
| Unit Owners Contingent | | 250% of contents limit | | | | |
| Rental Income | | | | | | |
| Liability (CGL) | | | | | | |
| ***Review condo corporation by-laws to see what the unit owner is responsible to cover under Improvements/Betterments*** | | | | | | |
| 6. 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.

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|--|---------------|
| 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 a different browser or save and email the application to quotes@abexinsurance.com