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|--|------------------------------|------------------------|--------------|---------------------------------|-----|----|
| 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 <i>Minimum limit \$25,000</i> | | | | | | |
| Improvements/Betterments*** <i>Minimum limit \$25,000</i> | | | | | | |
| Loss Assessment | | \$25,000 | | | | |
| Unit Owners Contingent Coverage | | 250% of Contents limit | | | | |
| Sewer Backup | | | | | | |
| 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.

| | |
|--|---------------|
| 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