



# Student Rental Application

ABEX Affiliated Brokers Exchange Inc.  
 139 Northfield Dr. W., Suite 206  
 Waterloo, ON N2L 5A6  
 (p) 519-880-0044  
[quotes@abexinsurance.com](mailto:quotes@abexinsurance.com)  
[www.abexinsurance.com](http://www.abexinsurance.com)

Brokerage:	Broker code:	Broker contact:
Broker address:	Email:	
Named insured(s):	Principal(s):	
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
Does the insured own the dwelling?				
Building type (single family, row house etc):			Hydrant within 300 meters?	
Is there an annual lease in place?			Firehall within 8 Kms?	
Will the insured occupy the premises?			Is it a voluntary firehall?	
Total number of self contained units (kitchens):			Min. one (1) smoke detector per floor?	
Total number of students: <i>Any</i>			Is there a woodstove on the premises?	
<i>We write up to 6-plexes. If not "purpose built" we require copies of permits to confirm modifications have been done to code.</i>				
Do local by-laws require student housing to be licensed?			Yes	No
Is the dwelling licensed for student housing?			Yes	No
Who is responsible for snow removal?			Is this a fraternity house?	
If tenant is responsible for snow removal, is there a separate agreement in place?			Is there a pool and/or hot tub located on the premises? <i>If 'yes', we'd decline.</i>	
If the applicant DOES NOT live within 100 kms of the property, who will be responsible for maintaining the property?			Is the risk located in an active flood zone? <i>If 'yes', we'd decline.</i>	
			Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>	

2. Construction Details			
Year built		Building area in sq. feet	
No of Stories		Construction	
Type		Year Updated	
Electrical			
Amperage			
Plumbing			
Heating			
Supplemental Heating			
Roof			

Does the risk meet local Fire Code and By-law requirements for its current occupancy?			
Is the dwelling purpose-built for its current occupancy? <i>If 'no', permits are required for a quote.</i>			
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>			
3. Private Protections		Yes	No
Fire Alarm		Yes	No
Burglar Alarm		Yes	No
Monitored		Yes	No

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?					
5. Coverage		Limits Required		Deductible					
Building(s)		\$							
Outbuilding(s) <sup>1</sup> <i><sup>1</sup>No cover is given for outbuildings unless a limit is shown on the policy.</i>		\$							
Contents		\$							
Rental Income		\$							
Sewer Back Up		\$							
Liability (CGL)		\$							
Is coverage required for: Equipment Breakdown:		Yes	No	Flood:	Yes	No	Earthquake:	Yes	No
							(Excluding BC)		
6. Current photos of the risk attached ?		Yes	No	(Current photos and Building Evaluator are not required for quoting,					
EZ_ITV or equivalent evaluator attached?		Yes	No	but will be required in order to bind coverage)					
7. 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**

\*

\*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**