



# Condo Undergoing Renovation Application

ABEX Affiliated Brokers Exchange Inc.  
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Brokerage:	Broker code:	Broker contact:
Broker address:	Email:	
Named Insured(s):	Principal(s):	
Mailing address:		
Location address:		
Mortgagee(s):		
Mortgagee(s) address:		
Renovation period:	Other policies with ABEX:	
Policy Term: From:	To:	Current Carrier: Expiry Date:
<b>1. Underwriting Details</b>		
Have building permits been issued?	Yes No	<i>Please provide a copy of the Building Permits</i>
How long has the unit been vacant?	If vacant more than 12 months, what is the property's current market value?	
Total amount of mortgages/encumbrances: \$	Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i>	<b>Yes No</b>
Are any of your mortgages/liens/encumbrances or property tax payments in arrears? Yes No If "yes", the total amount: \$	Hydrant within 300 meters?	
Is Condo Corporation registered? Yes No	Firehall within 8 Kms?	
Condo Corporation deductible: \$ <i>If &gt;\$50,000, we'd decline.</i>	Is it a voluntary firehall?	
Does the insured own the condo unit? Yes No	Will utilities be maintained?	
Building type (single family, row house etc):	Is there a sump pump?	
<b>2. Construction Details</b>		
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		
<b>3. Private Protections</b> Yes No Yes No		
Fire Alarm	Sprinklered	
Burglar Alarm	On-Site Security	
Monitored		
<b>4. Comments:</b>		

5. 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?		

6. Description of project (any structural changes must be noted here. Please provide the Architect/Engineer who prepared the drawings in the Project Participants - section 8 below):

7. Coverage	Limits Required	Deductible
Contents <i>Minimum limit \$10,000</i>		
Improvements/Betterments*** <i>Minimum limit \$10,000</i>		
Loss Assessment	\$25,000	
Unit Owners Contingent Coverage	250% of Contents limit	
Sewer Backup		
Liability (CGL)		

\*\*\*Review condo corporation by-laws to see what the unit owner is responsible to cover under Improvements/Betterments\*\*\*

8. Project Participants

General Contractor:

Prime Architectural/  
Engineering Consultant:

9. Any losses for any project participants in the last 5 years?                      Yes                      No

If "Yes", please describe:

10. Does the General Contractor have a current CGL with a minimum \$2 Million Liability?                      Yes                      No

If "Yes", what is the CGL expiry date?

What experience does the General Contractor have with this type of work:

11. Will the unit be occupied during renovation/addition?                      Yes                      No

If "Yes", please provide details:

<b>12.</b> Any other insurance polices in place for this building?	Yes	No	If "Yes", provide details:
<b>13.</b> How often will debris be removed?	Daily	Weekly	Other:
Will there be a bin on site?	Yes	No	
<b>14.</b> Has the renovation already started?	Yes	No	
If "Yes", please answer the following questions:			
When did the renovation start?			
Why was insurance not placed when the renovation started?			
What has been done so far?			
<b>15.</b> 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.**

<p><b>This Section is For Broker Use Only</b></p> <p style="font-size: 24px; margin: 10px 0;">*</p> <p style="color: red; font-size: 14px;">* If clicking on <b>Submit</b> button above doesn't bring up a new email with this application attached to it, please try using a different browser or email the application to <b>quotes@abexinsurance.com</b></p>
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