

## Rented Commercial Condo 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 condo rental or short-term condo rental, please complete our Rented Student Condo Application or Rented Short-Term Condo Application found at www.abexinsurance.com/applications

Brokerage:						Broker code:			Broker contact:					
Broker address:							Ema	il:						
Named Insured(s)	):						Princ	cipal(s):						
Mailing address:														
Location address:														
Mortgagee(s):														
Mortgagee(s) add	ress:													
Effective date:							Р	olicy ter	m:					
Prior insurance &	expiry	date:			Othe	r policie	es w	ith ABEX						
1. Underwriting Details											Yes	No		
Is Condo Corporation registered? Condo Corporation deductible: \$								Has applicant ever had insurance declined or						
Does the insured own the condo unit?  Building type (single							cancelled? <i>If 'yes', please explain in 'Comments'</i> Hydrant within 300 meters?							
Is there an annual lease in place?								Firehall within 8 Kms?						
Total number of units: Total number of tenants:								Is it a voluntary firehall?						
						,		13 it a voluntary menan:						
Type of tenant (e.g. residential, commercial, mercantile). If commercial or mercantile, uthe 'Comments' section or separate attachment to provide the full list of tenants.						le, use	Time one (1) smoke detector per noor.							
									e a pool and/or hot tub loremises?	ocated				
Who is responsible	e for sr	low removal?							isk located in an active we'd decline.	flood z	one?			
If tenant is respor								Is the r	isk located within 50 kn ve fire zone? <i>If 'yes', we</i>		ne.			
If the applicant DO	OES NO	OT live within 100 kms	s of the prop	erty, wl	ho will be res	ponsible	е	Does th	e risk meet local Fire C ments for its current oc	ode & I	3y-lav	v		
for maintaining th	ie propi	erty:					-		eased land?		,			
							-							
2. Construction	Details	<u> </u>						Г	Private Protections	Yes	No	]		
Year built			Unit are			]			Fire Alarm			]		
No of Stories			Constru			1			Burglar Alarm					
I		Туре	<u> </u>	Yea	ır Updated	†			Monitored					
Electrical					1			Sprinklered						
Amperage						1			On-Site Security					
Plumbing						]								
Heating						<b>3.</b> Co	mm	ents:						
Supplementary He	eating					1								
Roof						<b>.</b>								

Date of loss  Detailed description of los  De	Limits Red \$25,000	Amount paid	Open/Closed?	Preventative measures in place?  Deductible				
Contents  Improvements/Betterments***  OSS Assessment  Init Owners Contingent Coverage  Lental Income  iability (CGL)  **Review condo corporation by-laws to see what the		quired		Deductible				
ontents  Inprovements/Betterments***  Inprovements/Betterments***  Instructions Assessment  Init Owners Contingent Coverage  Init Income  Initial Initial Income  Initial Init		quired		Deductible				
ontents  Inprovements/Betterments***  Inprovements/Betterments***  Instructions Assessment  Init Owners Contingent Coverage  Income  I		quired		Deductible				
ontents  mprovements/Betterments***  oss Assessment  nit Owners Contingent Coverage  ental Income  ability (CGL)  **Review condo corporation by-laws to see what the		quired		Deductible				
mprovements/Betterments***  poss Assessment  nit Owners Contingent Coverage  ental Income  ability (CGL)  **Review condo corporation by-laws to see what the	\$25,000							
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ental Income ability (CGL)  **Review condo corporation by-laws to see what the								
**Review condo corporation by-laws to see what the	150% of co	ontents limit						
**Review condo corporation by-laws to see what the								
. Additional comments:	unit owner is r	esponsible to o	cover under Improvem	ents/Betterments***				
Declaration: I/we declare that after proper enquiry the suppressed any material fact. I/we agree that this Apploasis of any contract of insurance affected thereon. I/w he completion of the contract. I/we authorize you to commercial insurance policy or a renewal, extension or and detect and prevent fraud, such as credit information	lication Form, to ve undertake to ollect, use and c variation therec	gether with any inform Underwr lisclose persona of, for the purpo	other material informaters of any material all information as permit	ation supplied by me/us shall form the teration to these facts occurring befor ted by law, in connection with your				
Signature(s) of All Named Insureds (only required if	f binding):	Full Name(	Full Name(s):					
Position(s) Held at Insured:		Date:						
Absolutely NO	) COVERAGE i	s given by th	is application form.	Coverage is				

## 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  ${\bf quotes@abexinsurance.com}$ 

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