

Rented 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:				i	Email:									
Named Insured(s):				ı	Principal(s):									
Mailing address:						<u> </u>								
Location address	S:													
Mortgagee(s):														
Mortgagee(s) ad	dress:													
Effective date:							Po	olicy te	erm:					
Prior insurance 8	& expiry	date:			Other po	olicies w	vith A	BEX:						
1. Underwritin	ıg Detai	ls											Yes	No
Is Condo Corporation registered? Condo Corporation deductible \$:						Has applicant ever had insurance declined or								
Does the insured own the condo unit? If >\$50,000, we'd decline. Building type (single family, row house etc):						cancelled? If 'yes', please explain in 'Comments' Hydrant within 300 meters?								
Is there an annual lease in place?						1	Firehall within 8 Kms?							
Total number of units: Total number of tenants:]	Is it a voluntary firehall?							
Is this off campus housing?					1	Min. one (1) smoke detector per floor?								
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 respons for maintaining the property?					onsible	ble Is the risk located within 50 kms of an active fire zone? If 'yes', we'd decline.								
						Does the risk meet local Fire Code & By-law requirements for its current occupancy?								
]	Is this leased land?								
2. Construction	n Detail	<u> </u>							Private Protections	Yes	No			
Year built			Unit are						Fire Alarm					
No of Stories			in sq. fe Constru						Burglar Alarm					
		Туре		Yea	r Updated				Monitored					
Electrical									Sprinklered					
Amperage									On-Site Security					
Plumbing														
Heating						Comn	ments	s:						
Supplementary H	leating													
Roof														

3. Have there	been losses or claims by the applicant i	n the last 5	years?	Yes No				
Date of loss	te of loss Detailed description of loss		Amount paid	Open/Closed?	Preventative measures in place?			
4. Coverage		Limits Red	quired		Deductible			
Contents Minimum limit s	\$10,000							
Improvements, Minimum limit s	/Betterments*** \$25,000							
Loss Assessme	nt	\$25,000						
Unit Owners Co	ontingent Coverage	250% of Co	ontents limit					
Sewer Backup								
Rental Income								
Liability (CGL)								
Review cor	ndo corporation by-laws to see what the u	nit owner is r	responsible to o	cover under Improvem	ents/Betterments			
5. Additional co	omments:							
suppressed an basis of any co the completion commercial ins	we declare that after proper enquiry the start material fact. I/we agree that this Applica ontract of insurance affected thereon. I/we and the contract. I/we authorize you to collect the property or a renewal, extension or value of the contract, such as credit information and prevent fraud, such as credit information and contract of the contract of	ation Form, to undertake to ect, use and d ariation thered	gether with any inform Underwrisclose persona of, for the purpo	 other material informa riters of any material alt information as permition 	tion supplied by me/us shall form the teration to these facts occurring before ted by law, in connection with your			
Signature(s) of All Named Insureds (only required if binding):			Full Name(Full Name(s):				
Position(s) Held at Insured:			Date:					
	Absolutely NO C	OVEDACE	s given by th	is application form.	Coverage is			

Absolutely <u>NO COVERAGE</u> 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**

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