

## Rented Student 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>

Is this a short-term condo rental? Yes No If 'yes', please complete Rented Short-Term Condo Application found at www.abexinsurance.com/applications

			2. 700 / P		proce rearred			To Application Tourid at WW				
Brokerage:			Broker Broker code: contact:									
Broker address:							Email:					
Named Insured:							Principal(s):					
Mailing address:												
Location address:												
Mortgagee(s):												
Mortgagee(s) address:												
Effective date: Policy term:												
Prior insurance & expiry date:  Other policies with ABEX:												
1. Underwritin	g Detail	ls									Yes	No
Is Condo Corporation registered? Condo Corporation deductible: \$  If >\$50,000, we'd decline.								Has applicant ever had insurance declined or cancelled? If 'yes', please explain in 'Comments'				
Does the insured own the condo unit?  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	Is it a voluntary firehall?				
Total number of self contained units (kitchens): Total number of students:							Min.	Min. one (1) smoke detector per floor?				
Do local by-laws require student housing to be licensed? Yes No							Is th	Is there a woodstove on the premises?				
Is the dwelling licensed for student housing?  Yes  No  Is this a fraternity house?												
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 responded for maintaining the property?							Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>					
							Does the risk meet local Fire Code & By-law requirements for its current occupancy?					
2. Construction	n Detail	ls				-	Is this leased land?					
Year built			Unit area in sq. feet					3. Private Protections	Yes	No		
No of Stories				ruction		1		Fire Alarm				
		Туре	<u> </u>	Year	Updated			Burglar Alarm				
Electrical								Monitored				
Amperage								Sprinklered				
Plumbing								On-Site Security				
Heating						<b>4.</b> Con	nments	::		•		
Supplementary Heating												
Roof												

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. Coverage		Limits Red	quired		Deductible			
Contents Minimum limit s	\$ <b>25,000</b>							
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 condo corporation by-laws to see what the unit owner is responsible to cover under Improvements/Betterments***								
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	f All Named Insureds (only required if bind	ling):	Full Name(s):					

Absolutely <u>NO COVERAGE</u> is given by this application form. Coverage is only given upon written confirmation of binding from ABEX.

Date:

Position(s) Held at Insured:

## 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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