

Vacant 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>

Is the property un	ndergoin	g any renovation:	Yes	No				e Condo Un w.abexinsura			novation application I	INSTEA	D.
Brokerage:						Broke code:		Brok cont					
Broker address:							Email:						
Named insured(s):							Principal(s):						
Mailing address:													
Location address:													
Mortgagee(s):													
Mortgagee(s) addı	ress:												
Effective date:							Policy to	erm:					
Prior insurance & expiry date: Other policies with ABEX:													
1. Underwriting	Details											Yes	No
			ndo Corporati >\$50,000, we'	orporation deductible: \$				Has applicant ever had insurance declined or cancelled? If 'yes', please explain in 'Comments'					
Does the insured own the condo unit? Building				g type (single row house, etc):				Hydrant within 300 meters?					
How long has the risk been vacant?							Firehall within 8 Kms?						
Use / occupancy prior to vacancy?								Is it a voluntary firehall?					
Reason for vacancy?								Will utilities be maintained?					
Who is responsible	e for sno	ow removal?						Is there a su	ımp puı	mp?			
If the applicant DOES NOT live within 100 kms of the property who will be responsible for maintaining the property?							Is there a pool and/or hot tub located on the premises?						
Describe future pla			•					Is the risk located in an active flood zone? If 'yes', we'd decline.					
for this property:								Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>					
							_	Is this lease		II yes	, we a decime.		
2. Construction	Details												
Year built	Details		Unit area	а		7 F		rotections	Yes	No			
No of Stories Type			in sq. feet Constructio			┧	re Alarm urglar Ala	rm					
		Type			ear Updated		onitored						
Electrical		Турс		ı caı	Opuateu	Sp	rinklered						
Amperage							n-Site Sed	Site Security					
Plumbing						4. 0	Comments	S:	<u> </u>	<u>,</u>			
Heating						 							
Supplementary He	eating					1							
Roof						1							

nere been losses or claims by the applicant in	n the last 5 yea	ars? Yes	No				
Detailed description of loss		Amount paid	Open / Closed?	Preventative measures in place?			
ge	Limits Requ	ired		Deductible			
ents/Betterments***							
sment	\$25,000						
rs Contingent Coverage	150% of of In	nprovements & Be	etterments Limit				
GL)							
condo corporation by-laws to see what the unit c	owner is respons	ible to cover unde	er Improvements/Bei	terments***			
aal comments:							
. I/we agree that this Application Form, together we eon. I/we undertake to inform Underwriters of any t, use and disclose personal information as permitte	ith any other ma material alterated ed by law, in con	terial information ion to these facts nection with your	supplied by me/us shoccurring before the commercial insuranc	nall form the basis of any contract of insurance completion of the contract. I/we authorize e policy or a renewal, extension or variation			
re(s) of All Named Insureds (only required if b	inding):	Full Name(s):					
	ge ents/Betterments*** sment rs Contingent Coverage GL) condo corporation by-laws to see what the unit of the comments: I/we declare that after proper enquiry the statements. I/we agree that this Application Form, together wereon. I/we undertake to inform Underwriters of any to the condition of the condit	ge Limits Requestriction of loss Contingent Coverage 150% of of Ir	ge Limits Required ents/Betterments*** sment \$25,000 rs Contingent Coverage 150% of of Improvements & Be GL) / condo corporation by-laws to see what the unit owner is responsible to cover under nal comments: I/we declare that after proper enquiry the statements and particulars given above are . I/we agree that this Application Form, together with any other material information reon. I/we undertake to inform Underwriters of any material alteration to these facts of the company of the purposes necessary to assess the risk, investigate and settle claims, and detect and the purposes necessary to assess the risk, investigate and settle claims, and detect and	Detailed description of loss Amount paid Open / Closed? Limits Required ents/Betterments*** sment \$25,000 rs Contingent Coverage 150% of of Improvements & Betterments Limit GL) r condo corporation by-laws to see what the unit owner is responsible to cover under Improvements/Bet all comments:			

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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