



Homeowner Application

ABEX Affiliated Brokers Exchange Inc.
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|--|--|--|----------------|
| Brokerage: | | Broker code: | |
| Broker address: | | Email: | |
| Named Insured(s): | | | |
| Location: | | | |
| Mailing address: | | | |
| Effective date: | | Other policies with ABEX: | |
| If more than one applicant is shown above, provide details for both: | | | |
| 1. Occupation: | | Years continuously employed: | Date of birth: |
| 2. Occupation: | | Years continuously employed: | Date of birth: |
| Has applicant changed address in last 3 years? | | Yes | No |
| If yes, please provide previous address: | | | |
| Mortgagee(s): | | | |
| Underwriting Details | | | |
| 1. Prior insurance & expiry date: | | 2. Occupancy: | |
| 3. Current market value of home: \$ | Total amount of mortgages/encumbrances: \$ | How many mortgages? | |
| Are any of your mortgages/liens/encumbrance or property tax payments in arrears? | | Yes | No |
| If 'yes', the total amount of your mortgages/liens/encumbrance or property tax payments in arrears: \$ | | | |
| 4. Construction Details | | 6. Other Details | Yes No |
| Year built | | Is the home currently undergoing renovations? <i>If 'yes', please explain in 'Comments'</i> | |
| No of Stories | | Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i> | |
| | Type | Hydrant within 300 meters? | |
| | | Firehall within 8 Kms? | |
| | Year Updated | Is it a voluntary firehall? | |
| Electrical Wiring & Amperage | | Min. one (1) smoke detector per floor? | |
| Breakers or Fuses | | Is there a monitored alarm on premises? | |
| Plumbing | | Is this leased land? | |
| Hot Water Tank | | Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i> | |
| Heating | | Is the risk located in an active flood zone? | |
| Supplementary Heating | | Is the risk located within 50 kms of an active fire zone? | |
| Roof | | Does the building have a heritage designation? | |
| 5. Is this business new to your office? | | Yes | No |
| How long have you known the applicant? | | | |
| Have you seen this property? | | Yes | No |
| If 'yes', when: | | | |
| Condition of property: | | Good | Fair |
| | | Poor | |
| | | If 'yes', is the designation with respect to façade/exterior only? <i>If interior, we'd decline.</i> | |

| 7. 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? |
| | | | |
| | | | |

| | | | | | |
|---|-----|--------|---|-----|----|
| 8. Additional Liability Exposure (explain 'yes' responses in Remarks) | | | | | |
| | Yes | No | Remarks | Yes | No |
| Location rented to others: | | # wks. | Business operations at this location? | | |
| # additional families | | | Is there a co-occupant who requires coverage? | | |
| # rooms rented to others | | | Swimming pool | | |
| Additional residences/properties | | # | Hot tub | | |
| Daycare <i>If 'yes', we'd decline</i> | | | Other exposures (explain): | | |

| | | | |
|--|--------------------------------|-----------------------|---|
| 9. Coverage Limits & Deductibles | | Deductible: \$ | |
| Dwelling Building: \$ | Detached Private Structure: \$ | Personal Property: \$ | Legal Liability: \$ |
| Current interior photos of the risk attached? | Yes | No | <i>(Current photos and Building Evaluator are not required for quoting, but will be required in order to bind coverage)</i> |
| Current exterior photos of the risk attached | Yes | No | |
| EZ_ITV or equivalent evaluator attached? | Yes | No | |

| | | | |
|--|----------------------------------|--------|----------------------|
| 10. Scheduled Personal Property Summary (Appraisals may be required for some items). | | | |
| Jewellery (amt of insurance): \$ | Fine arts (amt of insurance): \$ | Other: | Amt of insurance: \$ |
| <i>Jewellery or fine arts rider: max \$100,000/ max item \$25,000</i> | | | |
| Total policy premium: \$ | Total policy fee: \$ | | |

| | | | | | | | | | |
|---|-----|----|------------------------------|----------|-----------|-----------|-------------|---------|---------|
| 11. Are the following coverages needed (subject to availability)? | | | | | | | | | |
| Overland water: | Yes | No | If 'yes', select limit: | \$50,000 | \$100,000 | \$250,000 | Deductible: | \$2,000 | \$5,000 |
| Earthquake: <i>(Exc. BC)</i> | Yes | No | If 'yes', select deductible: | 5% | 8% | 10% | | | |
| Mechanical breakdown: | Yes | No | If 'yes', select limit: | \$50,000 | \$100,000 | \$250,000 | \$500,000 | | |
| Home office liability: | Yes | No | | | | | | | |

12. 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 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.

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**