



Interim Occupancy Application

ABEX Affiliated Brokers Exchange Inc.
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Cambridge, ON N1T 1J5
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www.abexinsurance.com

Brokerage:		Broker code:		
Broker address:		Email:		
Named Insured:		Broker contact:		
Mailing Address:		Effective date:		
Location:				
Other policies with ABEX:		Prior insurance & expiry date:		
Underwriting Details				
Building type (residential condo, commercial condo, etc):		Who is responsible for snow removal?		
Anticipated date interim occupancy might be moved to full occupancy:				
Are any of tenants currently in arrears with their rent payment? <i>If 'yes', please explain in 'Comments'</i>		Is Insured currently involved in any proceedings or awaiting any proceedings with the Rent Control Board? <i>If 'yes', explain in 'Comments'</i>		
Yes No		Yes No		
Min. one (1) smoke detector per floor?		Has applicant ever had insurance declined or cancelled? <i>If 'yes' please explain in 'Comments' section</i>		
Hydrant within 300 meters?		Is there a pool and/or hot tub located in the unit? <i>If 'yes', we'd decline.</i>		
Firehall within 8 Kms?		Is the risk located in an active flood zone? <i>If 'yes', we'd decline.</i>		
Is it a voluntary fire hall?		Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>		
Current occupancy:		Type		
Construction Details		Electrical Wiring & Amperage		
Year built		Breakers or Fuses		
No of Stories		Plumbing		
Building area in sq. feet		Primary Heating		
Construction		Supplementary Heating		
Comments:		Roof		
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?

Coverage	Limits Required	Deductible
Contents	\$	
Rental Income	\$	
Sewer Back Up	\$	
Liability (CGL)	\$1,000,000 \$2,000,000	
Each Additional Insured	\$50	
Policy Fee	\$160, non-refundable	

Underwriting Considerations

- No current or open claims at time of binding
- No cancel for non-pay
- Premium is 100% earned
- \$1000 set deductible for Property
- \$1000 set deductible for Liability

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 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**