

## Rented Short-Term Condo Application

ABEX Affiliated Brokers Exchange Inc. 231 Shearson Cres., Suite 304 Cambridge, ON N1T 1J5 (p)519-880-0044 guotes@abexinsurance.com www.abexinsurance.com

Is this off-campu	us housii	ng? Yes No	If 'yes', ple	ase con	nplete Rented	Student Co	ondo Application found at www	v.abexinsurance.com/a	pplicatio	ns
Brokerage:					Broker code:	Broker contact:				
Broker address:						Email:				
Named Insured(s):						Principal(s):				
Mailing address:										
Location address	s:									
Mortgagee(s):										
Mortgagee(s) ad	ldress:									
Effective date: Policy term:										
Prior insurance 8	& expiry	date:			Other pol	icies with A	ABEX:			
1. Underwritir	ng Deta	ils							Yes	No
Is Condo Corporation registered?						Has applicant ever had insu cancelled? <i>If 'yes', pls explai</i>				
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? How many weeks will the premises be rented?						Firehall within 8 Kms?				
Will the insured occupy the premises? How often?						Is it a voluntary firehall?				
Is the risk visited a minimum of once every 7 days?					Min. one (1) smoke detector per floor?					
Total number of units: Total number of tenants:						Are tenants over the age of 25 (other than accompanied minors)?				
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 250 kms of the property, who will be responsible for maintaining the property?Is the risk located within 50 kms of an active fire zone? If 'yes', we'd decline.										
Is the use of watercraft or recreation equipment included with rental?					Does the risk meet local Fire Code & By-law requirements for its current occupancy?					
Is watercraft motorized or un-motorized?						Is this leased land?				
2. Construction	n Detail	s					Is the dwelling licensed as a short-term rental?			
Year built Unit area in sq. fee						Do local by-laws require short-term rentals to				
No of Stories			Constru	ction			be licensed?			
		Туре		Yea	r Updated		How does the applicant obt screening process is used?	ain tenants and what		
Electrical Wiring Amperage	&									
Breakers or Fuse	es									
Plumbing						3. Privat	e Protections Yes No	Ye	es No	<u>—</u>
Heating					Fire Alarm		Sprinklered		7	
Supplementary Heating				Burglar Alarm On-Site Security		On-Site Security				
Roof					Monitored					

4. 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?		
5. Coverage		Limits Red	quired		Deductible		
Contents <i>Minimum limit \$</i>	\$25,000						
Improvements/Betterments*** Minimum limit \$25,000							
Loss Assessment		\$25,000					
Unit Owners Contingent Coverage		250% of Contents 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\*\*\*

6. 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 All Named Insureds (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date:

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

## \* \* \* 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