



Student Rental Application

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

Brokerage:		Broker code:	Broker contact:
Broker address:		Email:	
Named insured(s):		Principal(s):	
Mailing address:			
Location address:			
Mortgagee(s):			
Mortgagee(s) address:			
Effective date:		Policy term:	
Prior insurance & expiry date:		Other policies with ABEX:	
1. Underwriting Details			
		Yes	No
Does the insured own the dwelling?	Property's current market value:	Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Add'l Comments'</i>	
Building type (single family, row house etc):		Hydrant within 300 meters?	
Is there an annual lease in place?	Will the insured occupy the premises?	Firehall within 8 Kms?	
Are any of tenants currently in arrears with their rent payment? <i>If 'yes', please explain in 'Comments'</i>	Yes	No	Is it a voluntary firehall?
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	Min. one (1) smoke detector per floor?
Total number of self contained units (kitchens):		Total number of students:	
<i>We write up to 6-plexes. If not "purpose built" we require copies of permits to confirm modifications have been done to code.</i>		Is there a woodstove on the premises?	
Do local by-laws require student housing to be licensed?	Yes	No	Is this leased land?
Is the dwelling licensed for student housing?	Yes	No	Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>
Who is responsible for snow removal?		Is this a fraternity house? <i>If 'yes', we'd decline.</i>	
If tenant is responsible for snow removal, is there a separate agreement in place?		Is there a pool and/or hot tub located on the premises? <i>If 'yes', we'd decline.</i>	
If the applicant DOES NOT live within 250 kms of the property, who will be responsible for maintaining the property?		Is the risk located in an active flood zone? <i>If 'yes', we'd decline.</i>	
		Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>	
2. Construction Details			
Year built		Building area in sq. feet	
No of Stories		Construction	
Type		Year Updated	
Electrical Wiring & Amperage			
Breakers or Fuses			
Plumbing			
Heating			
Supplemental Heating			
Roof			
3. Private Protections			
Fire Alarm		Yes	No
Burglar Alarm		Yes	No
Monitored		Yes	No
Sprinklered			
On-Site Security			

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 Required		Deductible			
Building(s)		\$					
Outbuilding(s) ¹ <small>¹No cover is given for outbuildings unless a limit is shown on the policy.</small>		\$					
Contents		\$					
Rental Income		\$					
Sewer Back Up		\$					
Liability (CGL)		\$					
Is coverage required for: Equipment Breakdown:		Yes	No	Flood:	Yes	No	
					Earthquake:	Yes	No
					(Excluding BC)		
6. Current photos of the risk attached ?		Yes	No	(Current photos and Building Evaluator are not required for quoting,			
EZ_ITV or equivalent evaluator attached?		Yes	No	but will be required in order to bind coverage)			
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 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.

<p align="center">This Section is For Broker Use Only</p> <p align="center">*</p> <p>*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</p>
