



Vacant Commercial Condo Application

ABEX Affiliated Brokers Exchange Inc.
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Is the property undergoing any renovation:		Yes	No	If yes, please complete Condo Undergoing Renovation application INSTEAD . It can be found at www.abexinsurance.com/applications																									
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																								
Is Condo Corporation registered?			Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i>																										
Does the insured own the condo unit?		Building type (single family, 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 for snow removal?			Is there a sump pump?																										
If the applicant DOES NOT live within 250 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 plans for this 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>																										
			Is this leased land?																										
2. Construction Details																													
Year built		Unit area in sq. feet		<table><tr><td>3. Private Protections</td><td>Yes</td><td>No</td></tr><tr><td>Fire Alarm</td><td></td><td></td></tr><tr><td>Burglar Alarm</td><td></td><td></td></tr><tr><td>Monitored</td><td></td><td></td></tr><tr><td>Sprinklered</td><td></td><td></td></tr><tr><td>On-Site Security</td><td></td><td></td></tr><tr><td colspan="3">4. Comments:</td></tr><tr><td colspan="3" rowspan="4"></td></tr><tr></tr><tr></tr><tr></tr></table>		3. Private Protections	Yes	No	Fire Alarm			Burglar Alarm			Monitored			Sprinklered			On-Site Security			4. Comments:					
3. Private Protections	Yes	No																											
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4. Comments:																													
No of Stories		Construction																											
	Type	Year Updated																											
Electrical Wiring & Amperage																													
Breakers or Fuses																													
Plumbing																													
Heating																													
Supplementary Heating																													
Roof																													

5. 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?		

6. Coverage	Limits Required	Deductible
Contents		
Improvements/Betterments***		
Loss Assessment	\$25,000	
Unit Owners Contingent Coverage	150% of of Improvements & Betterments Limit	
Liability (CGL)		

Review condo corporation by-laws to see what the unit owner is responsible to cover under Improvements/Betterments

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>
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