

Monitored

Rented Dwelling Application*

ABEX Affiliated Brokers Exchange Inc. 139 Northfield Dr. W., Suite 206 Waterloo, ON N2L 5A6 (p)519-880-0044 <u>quotes@abexinsurance.com</u> <u>www.abexinsurance.com</u>

*If applying for an off-campus student housing rental, please complete our Student Housing Application found at www.abexinsurance.com/applications

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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 there an ann	Property's current market value:					Has applicant ever had insurance declined or cancelled? If 'yes', please explain in 'Comments'							
Building type (single family, row house, etc):								Hydrant within 300 meters?					
Total number of units: Total number of tenants:								Firehall within 8 Kms?					
If not 'purpose built' copies of permits required to confirm modifications done to code. Who is responsible for snow removal?							Is it a voluntary firehall?						
If tenant is responsible for snow removal, is there a separate agreement in place?								Min. one (1) smoke detector per floor?					
If the applicant DOES NOT live within 250 kms of the property, who will be maintaining the property?								Is the home occupied by owner?					
How does the applicant obtain tenants							Is this leased land?						
and what screening process is used?								Is the lot bigger than 1 acre? If 'yes', how many acres?					
2. Construction Details Year built		ils	Building					Is there a pool located on the premises?					
No of Stories				in sq. feet Construction				Is there a hot tub located on the premises?					
Туре		Туре			Year Updated			Is the risk located in an active flood zone?					
Electrical Wiring & Amperage								If 'yes', we'd decline. Is the risk located within 50 kms of					
Breakers or Fuses								an active fire zone? If 'yes', we'd decline.					
Plumbing								Does the risk meet local Fire Code and By-law requirements for its current occupancy?					
Heating								Is the dwelling purpose-built for its current occupancy? <i>If</i> 'no', permits required for a quote.					
Supplementary Heating								Does the building have a heritage designation?					
Roof								If 'yes', is the designation with respect to façade/exterior only? <i>If interior, we'd decline.</i>					
3. Private Pro	tection	s Yes No	T			Yes No	4. Com	uments:	1				
Fire Alarm			Sprinklered										
Burglar Alarm			On-Site Security										

5. Have ther	re been losses or claims by the applica	ant in the last	5 years? Y	es No				
Date of loss	Detailed description of lo	ss	Amount paid	Open / close	d? Prev	Preventative measures in pla		
6. Coverage		Limits Req	uired		Deductible			
Building(s)		\$						
Outbuilding(s No cover given fo	s) ¹ or outbuildings unless a limit is shown on the policy.	\$						
Contents		\$						
Rental Incom	е	\$						
Sewer Back l	Jp	\$						
Liability (CGL)	\$						
7. Is coverage	e required for: Equipment Breakdown:	Yes N	lo Flood	d: Yes	No	Earthquake: (Excluding BC)	Yes	No
	notos of the risk attached? uivalent evaluator attached?	Yes Yes		Current photos and uoting, but will be				r
9. Additional	comments:							
material fact. I/v affected thereor you to collect, us hereof, for the	e declare that after proper enquiry the staten we agree that this Application Form, together n. I/we undertake to inform Underwriters of a se and disclose personal information as permi purposes necessary to assess the risk, investig (s) of All Named Insureds (only required in	with any other m ny material altera itted by law, in co gate and settle cla	aterial information Ition to these facts nnection with you	n supplied by me/us coccurring before the r commercial insura d prevent fraud, su	s shall form the he completion ance policy or a	basis of any con of the contract. I renewal, extens	tract of insu /we authori ion or varia	ize tion
Docition / 1	\ Uald at leasured.		Data					
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.

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**