

Student Rental Application

ABEX Affiliated Brokers Exchange Inc.
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Brokerage:	rnverage.				roker ode:	Broker contact:					
Broker address:							Email:				
Named insured(s):						Principal(s):					
Mailing address:											
Location address:	:										
Mortgagee(s):											
Mortgagee(s) add	dress:										
Effective date:					ſ	Policy	term:				
Prior insurance &	expiry date:		Ot	ther polici	ies with	n ABE	EX:				
1. Underwriting	j Details								Yes	No	
Does the insured	own the dwelling? Prop	erty's curre	nt market val	lue:			Has applicant ever had insurance declined or cancelled? If 'yes', please explain in 'Add'l Comments'				
Building type (sin	gle family, row house etc):					H	Hydrant within 300 meters?				
Is there an annua	al lease in place?					Fi	Firehall within 8 Kms?				
Will the insured occupy the premises?					Is	Is it a voluntary firehall?					
Total number of self contained units (kitchens): Total number of students: <i>Any</i>					М	Min. one (1) smoke detector per floor?					
We write up to 6-plexes. If not "purpose built" we require copies of permits to confirm modifications have been done to code.					Is	Is there a woodstove on the premises?					
Do local by-laws	require student housing to be	licensed?	Yes	N	lo	Is	this leased land?				
Is the dwelling lic	ensed for student housing?		Yes	N	lo		the lot bigger than 1 acre? 'yes', how many acres?				
Who is responsible for snow removal?						Is this a fraternity house? If 'yes', we'd decline.					
If tenant is responsible for snow removal, is there a separate agreement in place?					Is	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? If 'yes', we'd decline.					
					Is	Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>					
2. Construction	Details						oes the risk meet local Fire Cod				
Year built		Building in sq. f					equirements for its current occu				
No of Stories		Constru					s the dwelling purpose-built for ccupancy? <i>If 'no', permits are req</i>				
	Туре		Year Updat	ed		D	oes the building have a heritag	ge designation?			
Electrical Wiring & Amperage					If 'yes', is the designation with respect to façade/exterior only? <i>If interior, we'd decline.</i>						
Breakers or Fuses	5					_					
Plumbing					Г		vate Protections Yes No		Yes	No	
Heating					F	ire A	larm	Sprinklered			
Supplemental Heating B				Burglar Alarm On-Site Security							
Roof					N	Monit	ored				

4. Have there been losses or claims by the applicant in the last 5 years? Yes No											
Dat	e of loss	Detailed description of los			Amount Paid	Open/Closed?		Preventative measures in place?			
5. Coverage		Limits Required					Deductible				
Building(s)		\$	\$								
Outbuilding(s) 1 1 No cover is given for outbuildings unless a limit is shown on the policy.		\$	\$								
Contents		\$									
Rental Income		\$									
Sewer Back Up		\$									
Liability (CGL)		\$									
Is coverage required for: Equipment Breakdown:		Yes	No	Flood:	Yes	No	Earthquake: (Excluding BC)	Yes	No		
6. Current photos of the risk attached ? Yes			5	No	(Current photos and Building Evaluator are not required for quoting,					g,	
EZ_ITV or equivalent evaluator attached? Yes			5	No	but will be required in order to bind coverage)						
7. A	dditional c	omments:									
		e declare that after proper enquiry the statem ve agree that this Application Form, together v									ce
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											
		se and disclose personal information as permit ourposes necessary to assess the risk, investiga									
	Signature(s) of all Named Insureds (only required if binding):				Full Name(s):						

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.

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**

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