

## **Vacant Building 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>

Is the property u	ndergo	ing any renovation:	Yes	No				te Building Undergoing Ren w.abexinsurance.com/applica		INSTEAD.
Brokerage:						Broker code:	-	Broker contact:		
Broker address:							Ema	nil:		
Named insured(s):						Prin	cipal(s):			
Mailing address:										
Location address:	:									
Mortgagee(s):										
Mortgagee(s) add	dress:									
Effective date:							Policy	term:		
Prior insurance &	expiry	date:			Other po	licies wi	ith ABE	X:		
1. Underwriting	) Detai	ils								Yes No
Property's curren	t mark	et value?						Has applicant ever had insurance declined or cancelled? If yes, please explain in 'Add'l Comments'		
Building type (single How long has the family, row house etc): risk been vacant:							Hydrant within 300 meters?			
Use / occupancy prior to vacancy?							Firehall within 8 Kms?			
Reason for vacancy?						Is it a voluntary firehall?				
Who is responsible for snow removal?							Will utilities be maintained?			
If the applicant DOES NOT live within 250 kms of the property who will be responsible for maintaining the property?							Is there a sump pump?			
Describe future plans for this property:							Is there a pool and/or hot tub on premises?			
Total amount of mortgages/encumbrances: \$							Are there more than 6 parking spots on premises? If 'yes', how many?			
Are any of your mortgages/liens/encumbrances or property tax payments in a					rrears?		Is this leased land?			
Yes No If "yes", the total amount: \$							Is the lot bigger than 1 acre? If 'yes', how many acres?			
2. Construction   Year built	Detail	<b>s</b>	Building a	area		1	-	Is the risk located in an active	e flood zone?	
No of Stories			in sq. fee Construct			<u> </u>	-	If 'yes', we'd decline.		
No or Stories			Construct	cion		 <del> </del>		Is the risk located within 50 k an active fire zone? If 'yes', w		
		Туре		Year	Updated			Does the building have a her	ritage designation?	
Electrical Wiring & Amperage						•		If 'yes', is the designation wi façade/exterior only?		
Breakers or Fuses							L	If interior designation, we'd decl	ine.	
Plumbing						] :	3. Priv	ate Protections Yes No		Yes No
Heating							Fire A	arm	Sprinklered	
Supplementary He	eating						Burgla	r Alarm	On-Site Security	
Roof							Monito	ored		

4. Have the	re been losses or	claims by the appl	icant in the last 5 y	rears? Yes	s No		
Date of loss	С	Detailed description of	floss	Amount paid	Open / Closed?	Preventative measures in place?	
				1			
5. Coverage			Limits Require	Deductible			
Building(s)		\$					
Outbuilding(s) **		\$					
Contents		\$					
Equipment		\$					
Sewer Back Up		\$					
Liability (CGL)		\$					
**No cover giv	ven for outbuildings u	nless a limit is shown o	n the policy.**				
=	notos of the risk atta juivalent evaluator a		Yes Yes		ent photos and Build ill be required in ord	ing Evaluator are not required for quoting, er to bind coverage)	
7. Additional	comments:						_
7. Additional	comments.						
						nave not mis-stated or suppressed any	
						hall form the basis of any contract of insurar completion of the contract. I/we authorize	ıce
ou to collect,	use and disclose per	sonal information as p	ermitted by law, in co	nnection with your	commercial insurance	ce policy or a renewal, extension or variation	1
1		•		1	a prevent fraud, such	as credit information and claims history.	
Signature	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 **NO COVERAGE** 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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<sup>\*</sup> 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