



Condo Undergoing Renovation Application

ABEX Affiliated Brokers Exchange Inc.
 139 Riverbend Dr. W., Suite 206
 Waterloo, ON N2L 5A6
 (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:		
Renovation period:	Other policies with ABEX:	
Policy Term: From:	To:	Current Carrier: Expiry Date:
1. Underwriting Details		
Have building permits been issued?	Yes No	<i>Please provide a copy of the Building Permits</i>
How long has the unit been vacant?	If vacant more than 12 months, what is the property's current market value?	
Total amount of mortgages/encumbrances: \$	Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i>	Yes No
Are any of your mortgages/liens/encumbrances or property tax payments in arrears? Yes No If "yes", the total amount: \$	Hydrant within 300 meters?	
Is Condo Corporation registered? Yes No	Firehall within 8 Kms?	
Does the insured own the condo unit? Yes No	Is it a voluntary firehall?	
Building type (single family, row house etc):	Will utilities be maintained?	
2. Construction Details		
Year built	Building area in sq. feet	Is there a sump pump?
No of Stories	Construction	Is there a pool and/or hot tub located on the premises?
		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?
		4. Comments:
3. Private Protections		
Fire Alarm	Yes No	Sprinklered Yes No
Burglar Alarm		On-Site Security
Monitored		

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. Description of project (any structural changes must be noted here. Please provide the Architect/Engineer who prepared the drawings in the Project Participants - section 8 below):

7. Coverage	Limits Required	Deductible
Contents <i>Minimum limit \$10,000</i>		
Improvements/Betterments*** <i>Minimum limit \$10,000</i>		
Loss Assessment	\$25,000	
Unit Owners Contingent Coverage	250% of Contents limit	
Sewer Backup		
Liability (CGL)		

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

8. Project Participants

General Contractor:

Prime Architectural/
Engineering Consultant:

9. Any losses for any project participants in the last 5 years? Yes No

If "Yes", please describe:

10. Does the General Contractor have a current CGL with a minimum \$2 Million Liability? Yes No

If "Yes", what is the CGL expiry date?

What experience does the General Contractor have with this type of work:

11. Will the unit be occupied during renovation/addition? Yes No

If "Yes", please provide details:

12. Any other insurance polices in place for this building?	Yes	No	If "Yes", provide details:
13. How often will debris be removed?	Daily	Weekly	Other:
Will there be a bin on site?	Yes	No	
14. Has the renovation already started?	Yes	No	
If "Yes", please answer the following questions:			
When did the renovation start?			
Why was insurance not placed when the renovation started?			
What has been done so far?			
15. 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.**

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 email the application to **quotes@abexinsurance.com**