

## Rented Commercial Condo 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 condo rental or short-term condo rental, please complete our
Rented Student Condo Application or Rented Short-Term Condo Application found at www.abexinsurance.com/applications

		Rented Stadent Cor	ido Applicaciói	Tot Refiled Shot	t-remi c	Corruo	Арріісас	ion round at www.abez	XIIISUI a	nce.coi	пларрпсас	10113	1
Brokerage:					Broke code:			Broker contact:					
Broker address:					Email:								
Named Insured(s):						Principal(s):							
Mailing address:						I							
Location address	S:												
Mortgagee(s):													
Mortgagee(s) ad	dress:												
Effective date:						Po	olicy terr	m:					
Prior insurance 8	& expiry	date:		Ot	her polic	cies wi	th ABEX	:					
1. Underwriting	g Detai	ls									Yes	s I	No
Is Condo Corporation registered?						Has applicant ever had insurance declined or cancelled? If 'yes', please explain in 'Comments'							
Does the insured own the condo unit?  Building type (single family, row house etc):							Hydrant within 300 meters?						
Is there an annual lease in place?							Firehall within 8 Kms?						
Total number of units: Total number of tenants:							Is it a voluntary firehall?						
Type of tenant (e.g. residential, commercial, mercantile). If commercial or mercantithe 'Comments' section or separate attachment to provide the full list of tenants.				ntile, use		Min. one (1) smoke detector per floor?							
						Is there a pool and/or hot tub located on the premises?							
Who is responsible for snow removal?						Is the risk located in an active flood zone?  If 'yes', we'd decline.							
If tenant is responsible there a separate		or snow removal, ement in place?						sk located within 50 km e fire zone? <i>If 'yes', we</i>		ne.			
If the applicant I for maintaining t		OT live within 250 kms ertv?	of the proper	ty, who will be re	esponsib	le	Does the	e risk meet local Fire C nents for its current oc	ode & I cupanc	By-law :y?			
		<b>-,</b> -				_	Is this le	eased land?					
2. Construction	n Detail	s						Private Protections	Yes	No	_		
Year built			Unit area in sq. fee					Fire Alarm			]		
No of Stories			Construct					Burglar Alarm			_		
		Туре		Year Updated				Monitored			_		
Electrical Wiring &				<u> </u>				Sprinklered			=		
Amperage Breakers or Fuse	ac .							On-Site Security					
Plumbing					$\dashv$								
Heating					3. 0	Comme	ents:						
Supplementary F	Heating												
Roof					$\dashv$								

4. 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?				
5. Coverage		Limits Red	quired		Deductible				
Contents									
mprovements/	Betterments***								
_oss Assessme	nt	\$25,000							
Jnit Owners Co	ontingent Coverage	150% of co	ontents limit						
Rental Income									
_iability (CGL)									
***Review con	ndo corporation by-laws to see what the u	nit owner is r	responsible to o	cover under Improvem	ents/Betterments***				
<b>5.</b> Additional co	omments:								
suppressed an basis of any co the completion commercial ins	we declare that after proper enquiry the stay material fact. I/we agree that this Applica ontract of insurance affected thereon. I/we not the contract. I/we authorize you to collection of the contract. I/we authorize you to collection or value of the contract. I/we authorize you to collection or value of prevent fraud, such as credit information of	ation Form, to undertake to ect, use and c ariation therec	gether with any inform Underwr lisclose persona of, for the purpo	other material informaterial all iters of any material all I information as permit	ation supplied by me/us shall form the teration to these facts occurring before ted by law, in connection with your				
Signature(s)	of All Named Insureds (only required if b	inding):	Full Name(	Full Name(s):					
Position(s) F	Held at Insured:		Date:						
				is application form. of binding from ABE					

## This Section is For Broker Use Only

>

\* 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** 

Rented Commercial Condo/Jun 2024 Pg. 2 of 2