

Vacant 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>

Is the property u	ındergoir	ng any renovation:	Yes	No					te Condo Un w.abexinsur			novation application lications	INSTEA	D.
Brokerage:							Broker ode:		Brol cont					
Broker address:								Email:						
Named insured(s):								Principal(s):						
Mailing address:														
Location address	:													
Mortgagee(s):														
Mortgagee(s) add	dress:													
Effective date:								Policy to	erm:					
Prior insurance &	expiry (late:			Otl	her po	licies v	with ABI	≣X:					
1. Underwriting	g Details	5											Yes	No
Is Condo Corpora	ation reg	istered?							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?						
How long has the risk been vacant?									Firehall within 8 Kms?					
Use / occupancy prior to vacancy? Is it a voluntary firehall?														
Reason for vacancy? Will utilities be maintained?								d?						
Who is responsible for snow removal? Is there a sump pump?														
If the applicant DOES NOT live within 250 kms of the property who will be responsible for maintaining the property? Is there a pool and/or hot tub located on the premises?														
Describe future plans Is the risk located in an active flood zone?									tive flood zone?					
for this property: Is the risk located within 50 kms of an active fire zone? If 'yes', we'd decline.														
									Is this lease		-	.,		
2. Construction	Details						2 0-	ivete D	rotections	Yes				
Year built		Unit area				Fire Alar		rotections	162	No				
No of Stories			in sq. fee Construc				Burglar Al		rm					
<u>'</u>	1	Туре		Yea	ar Update	ed	Monitore							
Electrical Wiring & Amperage						Sprinklered								
Breakers or Fuses					On-Site			Site Sec	curity					
Plumbing							4. Co	mments	5:					
Heating														
Supplementary H	leating													
Roof														

5. Have there been losses or claims by the applicant in the last 5 years? γ_{es} No								
Date o	of loss	Detailed description of loss		Amount paid	Open / Closed?	Preventative measures in place?		
6. Coverage			Limits Required			Deductible		
Contents								
Improvements/Betterments***								
Loss Assessment			\$25,000					
Unit Owners Contingent Coverage			150% of of Ir	mprovements & Be	etterments Limit			
Liabilit	y (CGL	.)						
Review condo corporation by-laws to see what the unit owner is responsible to cover under Improvements/Betterments								
7. 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 of insurance of 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):				
Pos	sition(s	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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