

## **Vacant Condo Application**

ABEX Affiliated Brokers Exchange Inc. 139 Northfield Dr. W., Suite 206 Waterloo, ON N2L 5A6 (p) 519-880-0044 <u>auotes@abexinsurance.com</u> www.abexinsurance.com

Is the property undergoing any renovation:	Yes	No				ndo Undergoing Renovation application exinsurance.com/applications	n INST	EAD.
Brokerage:				Broker code:		Broker contact:		
Broker address:					Email:			
Named insured(s): Prince					Principal(s):			
Mailing address:				1				
Location address:								
Mortgagee(s):								
Mortgagee(s) address:								
Effective date:					Policy term	1:		
Prior insurance & expiry date:			Ot	her pol	licies with A	BEX:		
1. Underwriting Details							Yes	No
Is Condo Corporation registered?						applicant ever had insurance declined or elled? If 'yes', please explain in 'Comments'		
Does the insured own the condo unit?	Building type row house, hig				Hydr	ant within 300 meters?		
How long has the risk been vacant?					Fireh	all within 8 Kms?		
Use / occupancy prior to vacancy?					Is it	a voluntary firehall?		
Reason for vacancy?					Will	utilities be maintained?		
Who is responsible for snow removal?					Is th	ere a sump pump?		
If the applicant DOES NOT live within 250 km who will be responsible for maintaining the pr		rty				ere a pool and/or hot tub ted on the premises?		
Describe future plans for this						e risk located in an active flood zone? s', we'd decline.		
property:						e risk located within 50 kms of ctive fire zone? <i>If 'yes', we'd decline.</i>		
					Is th	is leased land?		
2. Construction Details				3. Priv	vate Prote	ctions Yes No		
Manu hailt	Unit area	•						

					5. Filvate Flotections	ICS	110
Year built		Unit area in sq. feet			Fire Alarm		
No of Stories		Construction			Burglar Alarm		
	Туре		Year	Updated	Monitored		
Electrical Wiring & Amperage					Sprinklered		
Breakers or Fuses					On-Site Security		
Plumbing					4. Comments:		
Heating							
Supplementary Heating							
Roof							

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. Coverag	6. Coverage Limits Requ				Deductible			
Contents Minimum limit \$10,000								
Improvemer <i>Minimum lin</i>	nts/Betterments*** <i>nit \$25,000</i>							
Loss Assessment		\$25,000						
Unit Owners Contingent Coverage 25		250% of Cor	ntents limit					
Sewer Back	up							
Liability (CG	jL)							
***Review	condo corporation by-laws to see what the u	init owner is re	esponsible to cov	er under Improvem	ents/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 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 <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 \* \* 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