



Rented Short-Term Condo Application

ABEX Affiliated Brokers Exchange Inc.
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Is this off-campus housing? Yes No *If 'yes', please complete Rented Student Condo Application found at www.abexinsurance.com/applications*

Brokerage:	Broker code:	Broker contact:
Broker address:	Email:	
Named Insured(s):	Principal(s):	
Mailing address:		
Location address:		
Mortgagee(s):		
Mortgagee(s) address:		
Effective date:		Policy term:
Prior insurance & expiry date:		Other policies with ABEX:

1. Underwriting Details	Yes	No
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Is Condo Corporation registered?	Has applicant ever had insurance declined or cancelled? <i>If 'yes', pls explain in 'Ad'l Comments'</i>	
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?	How many weeks will the premises be rented?	Firehall within 8 Kms?
Will the insured occupy the premises?	How often?	Is it a voluntary firehall?
Is the risk visited a minimum of once every 7 days?		Min. one (1) smoke detector per floor?
Total number of units:	Total number of tenants:	Are tenants over the age of 25 (other than accompanied minors)?
Who is responsible for snow removal?		Is there a pool and/or hot tub located on the premises?
If tenant is responsible for snow removal, is there a separate agreement in place?		Is the risk located in an active flood zone? <i>If 'yes', we'd decline.</i>
If the applicant DOES NOT live within 250 kms of the property, who will be responsible for maintaining the property?		Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>
Is the use of watercraft or recreation equipment included with rental?		Does the risk meet local Fire Code & By-law requirements for its current occupancy?
Is watercraft motorized or un-motorized?		Is this leased land?

2. Construction Details	
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Year built		Unit area in sq. feet		
No of Stories		Construction		
	Type	Year Updated		How does the applicant obtain tenants and what screening process is used?
Electrical Wiring & Amperage				
Breakers or Fuses				
Plumbing				
Heating				
Supplementary Heating				
Roof				
		Fire Alarm		Sprinklered
		Burglar Alarm		On-Site Security
		Monitored		

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 Required		Deductible		
Contents <i>Minimum limit \$25,000</i>						
Improvements/Betterments*** <i>Minimum limit \$25,000</i>						
Loss Assessment		\$25,000				
Unit Owners Contingent Coverage		250% of Contents limit				
Sewer Backup						
Rental Income						
Liability (CGL)						
Review condo corporation by-laws to see what the unit owner is responsible to cover under Improvements/Betterments						
6. 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 save and email the application to quotes@abexinsurance.com