



Vacant Building Application

ABEX Affiliated Brokers Exchange Inc.
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| | | | | | |
|---|--|------------------------------------|---------------------------|--|---------------|
| Is the property undergoing any renovation: | | Yes | No | If yes, please complete Building Undergoing Renovation application INSTEAD . It can be 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 |
| Property's current market value? | | | | Has applicant ever had insurance declined or cancelled? <i>If yes, please explain in 'Add'l Comments'</i> | |
| Building type (single family, row house etc): | | How long has the risk been vacant: | | Hydrant within 300 meters? | |
| Use / occupancy prior to vacancy? | | | | Firehall within 8 Kms? | |
| Reason for vacancy? | | | | Is it a voluntary firehall? | |
| Who is responsible for snow removal? | | | | Will utilities be maintained? | |
| If the applicant DOES NOT live within 250 kms of the property who will be responsible for maintaining the property? | | | | Is there a sump pump? | |
| Describe future plans for this property: | | | | Is there a pool and/or hot tub on premises? | |
| Total amount of mortgages/encumbrances: \$ | | | | Are there more than 6 parking spots on premises? <i>If 'yes', how many?</i> | |
| Are any of your mortgages/liens/encumbrances or property tax payments in arrears? | | | | Is this leased land? | |
| Yes No If "yes", the total amount: \$ | | | | Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i> | |
| 2. Construction Details | | | | | |
| Year built | | Building area in sq. feet | | Is the risk located in an active flood zone? <i>If 'yes', we'd decline.</i> | |
| No of Stories | | Construction | | Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i> | |
| | | Type | | Year Updated | |
| Electrical Wiring & Amperage | | | | Does the building have a heritage designation? <i>If 'yes', is the designation with respect to façade/exterior only? If interior designation, we'd decline.</i> | |
| Breakers or Fuses | | | | | |
| Plumbing | | | | | |
| Heating | | | | | |
| Supplementary Heating | | | | | |
| Roof | | | | | |
| 3. Private Protections | | | | | |
| Fire Alarm | | Yes | | No | |
| Burglar Alarm | | Yes | | No | |
| Monitored | | Yes | | No | |
| | | Sprinklered | | | |
| | | On-Site Security | | | |

| 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 | | |
| Building(s) | \$ | | | | | |
| Outbuilding(s) ** | \$ | | | | | |
| Contents | \$ | | | | | |
| Equipment | \$ | | | | | |
| Sewer Back Up | \$ | | | | | |
| Liability (CGL) | \$ | | | | | |
| **No cover given for outbuildings unless a limit is shown on the policy.** | | | | | | |
| 6. Current photos of the risk attached ? | | Yes | No | | | |
| EZ_ITV or equivalent evaluator attached? | | Yes | No | (Current photos and Building Evaluator are not required for quoting, but will be required in order to bind coverage) | | |
| 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 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**