

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 ι	ındergoir	ng any renovation:	Yes	No					te Condo Un w.abexinsur			novation application lications	INSTEA	D.
Brokerage:							Broker ode:		Brok cont					
Broker address:								Email:						
Named insured(s):								Princip	al(s):					
Mailing address:														
Location address	:													
Mortgagee(s):														
Mortgagee(s) ad	dress:													
Effective date: Policy term:														
Prior insurance 8	k expiry (late:			Ot	her po	licies	with ABI	EX:					
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?								1?						
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 p	olans								Is the risk lo			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			<u> </u>		
2. Construction Details							3 Pr	ivate P	rotections	Yes	No			
Year built		Unit area in sq. feet					Alarm	10100110115	100	110				
No of Stories				Construction		Burglar		glar Ala	rm					
Type Year		ar Update	ed	Monitored										
Electrical Wiring & Amperage						Sprinklered		l						
Breakers or Fuses				On-Site			Site Se	curity						
Plumbing							4. Co	mments	s:					
Heating														
Supplementary H	leating													
Roof														

5. Have the	ere been losses or claims by the applicant in	n the last 5 yea	ars? Yes	No					
Date of loss	Detailed description of loss		Amount paid	Open / Closed?	Preventative measures in place?				
6. Coverage	e	Limits Requ	ired		Deductible				
Contents									
Improvemen	nts/Betterments***								
Loss Assessr	ment	\$25,000							
Unit Owners	Contingent Coverage	150% of of Ir	mprovements & B	etterments Limit					
Liability (CGI	L)								
Review o	condo corporation by-laws to see what the unit o	owner is respons	sible to cover unde	er Improvements/Be	tterments				
7. Additional	l comments:								
naterial fact. I, ffected thered ou to collect,	we declare that after proper enquiry the stateme /we agree that this Application Form, together wi on. I/we undertake to inform Underwriters of any use and disclose personal information as permitte e purposes necessary to assess the risk, investigat	ith any other ma material alterated ed by law, in cor	iterial information tion to these facts inection with your	supplied by me/us shoccurring before the commercial insurance	nall form the basis of any contract of insurance completion of the contract. I/we authorize se policy or a renewal, extension or variation				
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

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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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