



Interim Occupancy Application

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

Brokerage:	Broker code:
Broker address:	Email:
Named Insured:	Broker contact:
Mailing Address:	Effective date:

Location:

Other policies with ABEX: Prior insurance & expiry date:

Underwriting Details

Building type (residential condo, commercial condo, etc):

Who is responsible for snow removal?

Anticipated date interim occupancy might be moved to full occupancy:

	Yes	No		Yes	No
Min. one (1) smoke detector per floor?			Has applicant ever had insurance declined or cancelled? <i>If 'yes' please explain in 'Comments' section</i>		
Hydrant within 300 meters?			Is there a pool and/or hot tub located in the unit? <i>If 'yes', we'd decline.</i>		
Firehall within 8 Kms?			Is the risk located in an active flood zone? <i>If 'yes', we'd decline.</i>		
Is it a voluntary fire hall?			Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>		

Construction Details		Type
Year built		Electrical Wiring & Amperage
No of Stories		Breakers or Fuses
Building area in sq. feet		Plumbing
Construction		Primary Heating
		Supplementary Heating
		Roof

Comments:

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?

Coverage	Limits Required	Deductible
Contents	\$	
Rental Income	\$	
Sewer Back Up	\$	
Liability (CGL)	\$1,000,000 \$2,000,000	
Each Additional Insured	\$50	
Policy Fee	\$160, non-refundable	

Underwriting Considerations

- No current or open claims at time of binding
- No cancel for non-pay
- Premium is 100% earned
- \$1000 set deductible for Property
- \$1000 set deductible for Liability

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 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**