



Homeowner Application

ABEX Affiliated Brokers Exchange Inc.
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Brokerage:		Broker code:	
Broker address:		Email:	
Named Insured(s):			
Location:			
Mailing address:			
Effective date:		Other policies with ABEX:	
If more than one applicant is shown above, provide details for both:			
1. Occupation:		Years continuously employed:	Date of birth:
2. Occupation:		Years continuously employed:	Date of birth:
Has applicant changed address in last 3 years?		Yes	No
If yes, please provide previous address:			
Mortgagee(s):			
Underwriting Details			
1. Prior insurance & expiry date:		2. Occupancy:	
3. Current market value of home: \$	Total amount of mortgages/encumbrances: \$	How many mortgages?	
Are any of your mortgages/liens/encumbrance or property tax payments in arrears?		Yes	No
If 'yes', the total amount of your mortgages/liens/encumbrance or property tax payments in arrears: \$			
4. Construction Details		6. Other Details	Yes No
Year built		Is the home currently undergoing renovations? <i>If 'yes', please explain in 'Comments'</i>	
No of Stories		Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i>	
	Type	Hydrant within 300 meters?	
		Firehall within 8 Kms?	
	Year Updated	Is it a voluntary firehall?	
Electrical Wiring & Amperage		Min. one (1) smoke detector per floor?	
Breakers or Fuses		Is there a monitored alarm on premises?	
Plumbing		Is this leased land?	
Hot Water Tank		Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>	
Heating		Is the risk located in an active flood zone?	
Supplementary Heating		Is the risk located within 50 kms of an active fire zone?	
Roof		Does the building have a heritage designation?	
5. Is this business new to your office?		Yes	No
How long have you known the applicant?			
Have you seen this property?		Yes	No
If 'yes', when:			
Condition of property:		Good	Fair
		Poor	
		If 'yes', is the designation with respect to façade/exterior only? <i>If interior, we'd decline.</i>	

7. 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?

8. Additional Liability Exposure (explain 'yes' responses in Remarks)					
	Yes	No	Remarks	Yes	No
Location rented to others:		# wks.	Business operations at this location?		
# additional families			Is there a co-occupant who requires coverage?		
# rooms rented to others			Swimming pool		
Additional residences/properties		#	Hot tub		
Daycare <i>If 'yes', we'd decline</i>			Other exposures (explain):		

9. Coverage Limits & Deductibles		Deductible: \$	
Dwelling Building: \$	Detached Private Structure: \$	Personal Property: \$	Legal Liability: \$
Current interior photos of the risk attached?	Yes	No	<i>(Current photos and Building Evaluator are not required for quoting, but will be required in order to bind coverage)</i>
Current exterior photos of the risk attached	Yes	No	
EZ_ITV or equivalent evaluator attached?	Yes	No	

10. Scheduled Personal Property Summary (Appraisals may be required for some items).			
Jewellery (amt of insurance): \$	Fine arts (amt of insurance): \$	Other:	Amt of insurance: \$
<i>Jewellery or fine arts rider: max \$100,000/ max item \$25,000</i>			
Total policy premium: \$	Total policy fee: \$		

11. Are the following coverages needed (subject to availability)?									
Overland water:	Yes	No	If 'yes', select limit:	\$50,000	\$100,000	\$250,000	Deductible:	\$2,000	\$5,000
Earthquake: <i>(Exc. BC)</i>	Yes	No	If 'yes', select deductible:	5%	8%	10%			
Mechanical breakdown:	Yes	No	If 'yes', select limit:	\$50,000	\$100,000	\$250,000	\$500,000		
Home office liability:	Yes	No							

12. 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**