

Monitored

Rented Dwelling 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>

*If applying for an off-campus student housing rental, please complete our Student Housing Application found at www.abexinsurance.com/applications

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Brokerage:					Broker code:		Broker contact:					
Broker address:								Email:				
Named Insured(s):								Princ	Principal(s):			
Mailing address:								•				
Location address	5:											
Mortgagee(s):												
Mortgagee(s) ad	ldress:											
Effective date:							Policy term:					
Prior insurance 8	& expiry	date:				Other pol	cies with A	ABEX:				
1. Underwritin	ng Deta	ils								Yes No		
Is there an ann	e in place?	Property's current market value:						Has applicant ever had insurance declined or cancelled? <i>If 'yes'</i> , <i>please explain in 'Comments'</i>				
Building type (single family, row house, etc):							Н	Hydrant within 300 meters?				
Total number of units: Total number of tenants:								Firehall within 8 Kms?				
If not 'purpose built' copies of permits required to confirm modifications done to code. Who is responsible for snow removal?							Is	Is it a voluntary firehall?				
If tenant is responsible for snow removal,							М	Min. one (1) smoke detector per floor?				
is there a separate agreement in place? If the applicant DOES NOT live within 250 kms of							Is the home occupied by owner?					
the property, who will be maintaining the property?							Is	Is this leased land?				
How does the applicant obtain tenants and what screening process is used?								Is				
2. Construction Details								If	If 'yes', how many acres?			
Year built				Building area in sq. feet				Is there a pool located on the prem				
No of Stories			Co		ruction			Is	Is there a hot tub located on the premises?			
51		Туре			Year Updated				s the risk located in an active flood zone?			
Electrical Wiring & Amperage								-	If 'yes', we'd decline. Is the risk located within 50 kms of			
Breakers or Fuses									n active fire zone? <i>If 'yes', we'd decline.</i>			
Plumbing									oes the risk meet local Fire Code and By-law equirements for its current occupancy?			
Heating									s the dwelling purpose-built for its current ccupancy? <i>If 'no', permits required for a quote.</i>			
Supplementary Heating									ooes the building have a heritage designation?			
Roof									f 'yes', is the designation with respect to acade/exterior only? <i>If interior, we'd decline.</i>			
3. Private Pro	tection	s Yes No				Yes No	4. Com					
Fire Alarm			Sprinklered						-			
Burglar Alarm			On-Site Security									

5. Have the	re been losses or claims by the applica	ant in the las	t 5 years? Y	es No				
Date of loss	Detailed description of lo	ss	Amount paid	Open / closed?		Preventative measur		ace?
6. Coverage		Limits Re	equired		Deductible			
Building(s)		\$						
Outbuilding(s ¹ No cover given fo	s) ¹ or outbuildings unless a limit is shown on the policy.	\$						
Contents		\$						
Rental Incom	ne	\$						
Sewer Back l	Jp	\$						
Liability (CGL	.)	\$						
7. Is coverag	e required for: Equipment Breakdown:	Yes	No Floor	d: Yes	No	Earthquake: (Excluding BC)	Yes	No
	notos of the risk attached? uivalent evaluator attached?	Yes Yes	No (Current photos and Building Evaluator are not require No quoting, but will be required in order to bind coverage					
9. Additional	comments:							
material fact. I/v affected thereor you to collect, u	e declare that after proper enquiry the staten we agree that this Application Form, together n. I/we undertake to inform Underwriters of a se and disclose personal information as permi purposes necessary to assess the risk, investig	with any other in material alte ted by law, in c	material information ration to these facts connection with you	n supplied by me/us s occurring before t r commercial insura	s shall form he complet ance policy	the basis of any contion of the contract. or a renewal, extens	tract of ins I/we authorion	orize iation
Signature	(s) of All Named Insureds (only required if	f binding):	Full Name(s):					
Position(s) Held at Insured:							

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**