



# Vacant Building Application

ABEX Affiliated Brokers Exchange Inc.  
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[www.abexinsurance.com](http://www.abexinsurance.com)

Is the property undergoing any renovation:		Yes	No	If yes, please complete <b>Building Undergoing Renovation</b> application <b>INSTEAD</b> . It can be found at <a href="http://www.abexinsurance.com/applications">www.abexinsurance.com/applications</a>	
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:		
<b>1. Underwriting Details</b>					<b>Yes No</b>
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>	
<b>2. Construction Details</b>					
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>	
		<b>Type</b>		<b>Year Updated</b>	
Electrical Wiring & Amperage				Does the building have a heritage designation? <i>If 'yes', is the designation with respect to façade/exterior only? <b>If interior designation, we'd decline.</b></i>	
Breakers or Fuses					
Plumbing					
Heating					
Supplementary Heating					
Roof					
<b>3. Private Protections</b>					
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)	\$					
<b>**No cover given for outbuildings unless a limit is shown on the policy.**</b>						
6. Current 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>		
EZ_ITV or equivalent evaluator attached?		Yes	No			
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**