



# Rented Condo Application\*

ABEX Affiliated Brokers Exchange Inc.  
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\*If applying for an off-campus student condo rental or short-term condo rental, please complete our Rented Student Condo Application or Rented Short-Term Condo Application found at [www.abexinsurance.com/applications](http://www.abexinsurance.com/applications)

|                                |                           |                 |
|--------------------------------|---------------------------|-----------------|
| 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: |                 |

| 1. Underwriting Details  |   | Yes  | No |
|--|---|--|----|
| Is Condo Corporation registered?   | Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i> |  |    |
| Does the insured own the condo unit?   | Building type (single family, row house etc):   | Hydrant within 300 meters?   |    |
| Is there an annual lease in place?   |   | Firehall within 8 Kms?   |    |
| Total number of units:   | Total number of tenants:  | Is it a voluntary firehall?  |    |
| Is this off campus housing?  |   | Min. one (1) smoke detector per floor?   |    |
| Who is responsible for snow removal?   |   | Is there a pool and/or hot tub located on the premises?                                  |    |
| If tenant is responsible for snow removal, is there a separate agreement in place?                                   |   | Is the risk located in an active flood zone?<br><i>If 'yes', we'd decline.</i>           |    |
| If the applicant DOES NOT live within 250 kms of the property, who will be responsible for maintaining the property? |   | Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i> |    |
|  |   | Does the risk meet local Fire Code & By-law requirements for its current occupancy?      |    |
|  |   | Is this leased land?   |    |

| 2. Construction Details      |             |                       |                     |
|------------------------------|-------------|-----------------------|---------------------|
| Year built                   |             | Unit area in sq. feet |                     |
| No of Stories                |             | Construction          |                     |
|                              | <b>Type</b> |                       | <b>Year Updated</b> |
| Electrical Wiring & Amperage |             |                       |                     |
| Breakers or Fuses            |             |                       |                     |
| Plumbing                     |             |                       |                     |
| Heating                      |             |                       |                     |
| Supplementary Heating        |             |                       |                     |
| Roof                         |             |                       |                     |

| Private Protections | Yes | No |
|---------------------|-----|----|
| Fire Alarm          |     |    |
| Burglar Alarm       |     |    |
| Monitored           |     |    |
| Sprinklered         |     |    |
| On-Site Security    |     |    |

Comments:

| 3. 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? |
|  |                              |                        |              |                                 |
|  |                              |                        |              |                                 |
|  |                              |                        |              |                                 |
| 4. Coverage  |                              | Limits Required        |              | Deductible                      |
| Contents<br><i>Minimum limit \$10,000</i>  |                              |                        |              |                                 |
| Improvements/Betterments***<br><i>Minimum limit \$25,000</i>   |                              |                        |              |                                 |
| Loss Assessment  |                              | \$25,000               |              |                                 |
| Unit Owners Contingent Coverage  |                              | 250% of Contents limit |              |                                 |
| Sewer Backup   |                              |                        |              |                                 |
| Rental Income  |                              |                        |              |                                 |
| Liability (CGL)  |                              |                        |              |                                 |
| ***Review condo corporation by-laws to see what the unit owner is responsible to cover under Improvements/Betterments*** |                              |                        |              |                                 |
| 5. 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](mailto:quotes@abexinsurance.com)