



Seasonal/Short Term Rented Dwelling Application

ABEX Affiliated Brokers Exchange Inc.
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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**

Building type (single family, row house etc):	Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Add'l comments'</i>	
Does the insured own the dwelling? Property's current market value:	Hydrant within 300 meters?	
How many weeks will the premises be occupied? (including occupancy by the insured)	Less than 26 weeks More than 26 weeks	Firehall within 8 Kms?
Will the insured occupy the premises? How often?	Is it a voluntary firehall?	
Is the risk visited a minimum of once every 7 days?	Min. one (1) smoke detector per floor?	
Total number of units: Total number of tenants:	Is this leased land?	
Who is responsible for snow removal?	Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>	
If tenant is responsible for snow removal, is there a separate agreement?	Is there a pool and/or hot tub located on the premises? <i>If 'yes', confirm which:</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 in an active flood zone? <i>If 'yes', we'd decline.</i>	
Is the use of watercraft or recreation equipment included with rental?	Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>	
Is watercraft motorized or un-motorized?	Does the risk meet local Fire Code and By-law requirements for its current occupancy?	
How does the applicant obtain tenants and what screening process is used?	Are tenants over the age of 25 (other than accompanied minors)?	

2. Construction Details

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

Does the building have a heritage designation? If 'yes', is the designation with respect to façade/exterior only? <i>If interior designation, we'd decline.</i>		
Is the dwelling licensed as a seasonal/short-term rental?		
Do local by-laws require seasonal/short-term rentals to be licensed?		

3. Private Protections **Yes No**

Fire Alarm	Sprinklered
Burglar Alarm	On-Site Security
Monitored	

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) ¹ <small>¹ No cover given for outbuildings unless a limit is shown on the policy.</small>	\$	
Contents ²	\$	
Rental Income	\$	
Sewer Back Up	\$	
Liability (CGL)	\$	

Is coverage required for:	Equipment Breakdown:	Yes	No	Flood:	Yes	No	Earthquake: <i>(Excluding BC)</i>	Yes	No
² Are any valuable articles stored on premises (e.g. jewelery, furs, computers etc.)					Yes	No			
Any items kept in separate locked room or outbuilding?					Yes	No			
If yes, please describe:									

6. Current photos of the risk attached?	Yes	No	(Current photos and Building Evaluator are not required for
EZ_ITV or equivalent evaluator attached?	Yes	No	quoting, but will be required in order to bind coverage)

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**