



Student Rental 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 |
| Does the insured own the dwelling? | 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): | | Hydrant within 300 meters? | |
| Is there an annual lease in place? | | Firehall within 8 Kms? | |
| Will the insured occupy the premises? | | Is it a voluntary firehall? | |
| Total number of self contained units (kitchens): | Total number of students: <i>Any</i> | Min. one (1) smoke detector per floor? | |
| <i>We write up to 6-plexes. If not "purpose built" we require copies of permits to confirm modifications have been done to code.</i> | | Is there a woodstove on the premises? | |
| Do local by-laws require student housing to be licensed? | Yes No | Is this leased land? | |
| Is the dwelling licensed for student housing? | Yes No | Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i> | |
| Who is responsible for snow removal? | | Is this a fraternity house? <i>If 'yes', we'd decline.</i> | |
| If tenant is responsible for snow removal, is there a separate agreement in place? | | Is there a pool and/or hot tub located on the premises? <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 in an active flood zone? <i>If 'yes', we'd decline.</i> | |
| | | Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i> | |
| 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 | | | |
| Supplemental Heating | | | |
| Roof | | | |
| | | 3. Private Protections Yes No 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 <i>¹No cover is given for outbuildings unless a limit is shown on the policy.</i> | | \$ | | | | | | | |
| Contents | | \$ | | | | | | | |
| Rental Income | | \$ | | | | | | | |
| Sewer Back Up | | \$ | | | | | | | |
| Liability (CGL) | | \$ | | | | | | | |
| Is coverage required for: Equipment Breakdown: | | Yes | No | Flood: | Yes | No | Earthquake: | Yes | No |
| | | | | | | | <i>(Excluding BC)</i> | | |
| 6. Current photos of the risk attached ? | | Yes | No | (Current photos and Building Evaluator are not required for quoting, | | | | | |
| EZ_ITV or equivalent evaluator attached? | | Yes | No | 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**