



# Rented Condo Application\*

ABEX Affiliated Brokers Exchange Inc.  
 375 Hagey Boulevard, Suite 302  
 Waterloo, ON N2L 6R5  
 (p)519-880-0044 (f)1-855-821-7060  
[www.abexinsurance.com](http://www.abexinsurance.com)

\*If applying for an off-campus student housing rental, please complete our Student Housing Application found at [www.abexinsurance.com/applications](http://www.abexinsurance.com/applications)

Brokerage:	Broker contact:				
Broker address:	Email:				
Named Insured:	Broker code:				
Mailing address:	Effective date: Policy term:				
Location address:					
Loss payee(s):					
Loss payee(s) address:					
Other policies with ABEX:					
Underwriting Details		Yes	No		
Prior insurance & expiry date:	Has applicant ever had insurance declined or cancelled?				
Is there an annual lease in place?	Hydrant within 300 meters?				
Total number of units:	Firehall within 8 Kms?				
Total number of tenants:	Is this off campus housing?				
Is Condominium Corporation registered?	Yes      No				
Min. one (1) smoke detector per floor?					
Who is responsible for snow removal?					
If tenant is responsible for snow removal, is there a separate agreement in place?					
If the applicant DOES NOT live within 100 kms of the property, who will be responsible for maintaining the property?					
Construction Details			Private Protections		
Year built		Building area in sq. feet		Yes	No
No of Stories		Construction			
	<b>Type</b>	<b>Year Updated</b>			
Electrical					
Amperage					
Plumbing					
Heating					
Roof					
			Fire Alarm		
			Burglar Alarm		
			Monitored		
			Sprinklered		
			On-Site Security		
Comments:					

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?
Coverage	Limits Required		Deductible	
Contents incl. Improvements/Betterments***				
Loss Assessment	\$25,000			
Unit Owners Contingent	250% of contents limit			
Rental Income				
Liability (CGL)				
***Review condo corporation by-laws to see what the unit owner is responsible to cover under Improvements/Betterments***				
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.

Insured's Signature (only required if binding):	Full Name:
Position Held at Insured:	Date:

**Absolutely NO COVERAGE is given by this application form.  
Coverage is only given upon written confirmation of binding from ABEX.**

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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 Internet Explorer or email the application to quotes@abexinsurance.com or fax it to 1-855-821-7060.