



Vacant Building 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

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?		
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 paid firehall?		
Who is responsible for snow removal?	Will utilities be maintained?		
If the applicant DOES NOT live within 100 kms of the property who will be responsible for maintaining the property?	Is there a sump pump?		
If vacant more than 12 months, what is the property's current market value?	Is the property undergoing any renovations?		
Describe future plans for this property:	If yes, please complete Renovation Supplement found at www.abexinsurance.com/applications * <i>*Caution: Link opens in same window, save your work first</i>		

Construction Details			
Year built		Building area in sq. feet	
No of Stories		Construction	
No of Parking Spots			
	Type	Year Updated	
Electrical			
Plumbing			
Heating			
Roof			

Private Protections		
	Yes	No
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?
Coverage	Limits Required		Deductible
Building(s)	\$		
Outbuilding(s) **	\$		
Contents	\$		
Equipment	\$		
Sewer Back Up	\$		
Liability (CGL)	\$		
No cover given for outbuildings unless a limit is shown on the policy.			
Current photos of the risk attached ?	Yes	No	(Current photos and Building Evaluator are not required for quoting, but will be required in order to bind coverage)
EZ_ITV or equivalent evaluator attached?	Yes	No	
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.