



Seasonal/Short Term Rented Dwelling Application

ABEX Affiliated Brokers Exchange Inc.
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 Waterloo, ON N2L 6R5
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www.abexinsurance.com
quotes@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? Hydrant within 300 meters? Firehall within 8 Kms? Is it a voluntary firehall? Min. one (1) smoke detector per floor?		
How many weeks will the premises be rented?			
Will the insured occupy the premises? How often?			
Is the risk visited a minimum of once every 7 days?			
Is the use of watercraft or recreation equipment included with rental?	Is watercraft motorized or un-motorized?		
How does the insured obtain tenants and what screening process is used?			
If the applicant DOES NOT live within 100 kms of the property, who will be responsible for maintaining the property, key change over and cleaning?			

Construction Details			
Year built		Building area in sq. feet	
No of Stories		Construction	
	Type	Year Updated	
Electrical			
Amperage			
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?	Preventative measures in place?		

Coverage	Limits Required	Deductible
Building(s)	\$	
Outbuilding(s) ¹	\$	
Contents ²	\$	
Rental Income	\$	
Sewer Back Up	\$	
Liability (CGL)	\$	

¹No cover given for outbuildings unless a limit is shown on the policy.

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:

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.

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