

ABEX, AFFILIATED BROKERS EXCHANGE COMMERCIAL INSURANCE SUBMISSION

Date:

To:

Phone:

Fax:

From:

Phone:

Fax:

Re:

(Please provide a description and history of the risk)

RESPONSE REQUIRED BY: _____

ABEX, AFFILIATED BROKERS EXCHANGE COMMERCIAL INSURANCE SUBMISSION

Applicant:

Owner:

Phone:

Fax:

Email:

Contact

Phone:

Fax:

Email:

Postal Address:

Incorporated

Sole Proprietor

Partnership

Other

Website:

Period of Coverage

From:

**Description of
Operations**

Previous Policy

Insurer:

Policy Number:

Expiry Date:

Liability

In business since:

No. of full-time employees:

No. of part-time employees:

Annual gross receipts:

Canadian: \$

U.S.: \$

Foreign: \$

ADDITIONAL INFO:

ABEX, AFFILIATED BROKERS EXCHANGE COMMERCIAL INSURANCE SUBMISSION

Insured Location			
Complete form for each Loc.			
Most Recent Inspection	Date:	Inspected By:	
	Inspection Attached YES <input type="checkbox"/> NO <input type="checkbox"/>	Inspection Requested YES <input type="checkbox"/> NO <input type="checkbox"/>	
Municipal Fire Protection			
	Responding Fire Station or Fire Hall:		Town Grade:
Building			
	Year Built:	Area: ft ²	# of Stories:
Construction			
	Walls:	Roof:	Year Updated:
	Floors:	Basement:	
Mechanical			
	Electrical:	Year updated:	Heating: Year updated:
	Plumbing:	Year updated:	
Fire Protection			
	Distance to Hydrants:	Distance to Fire Hall:	
	Sprinklers:	Local Alarm <input type="checkbox"/>	Central Station <input type="checkbox"/>
Crime Protection			
	Alarm:	Local Alarm <input type="checkbox"/>	Central Station <input type="checkbox"/>
	Safe Type/Class:	Deadbolts:	
	Exterior Windows Barred/Wire Mesh:		
Occupancies			
	Insured:		
	Others:		
Exposures			
	Left:	Right:	
	Front:	Rear:	
Mortgagee			
Other Interests			
Comments			

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COVERAGE AND LIMITS

Coverage: Broad Form <input type="checkbox"/>	Fire & E.C. <input type="checkbox"/>	LIMIT	DEDUCTIBLE
BUILDING	<input type="checkbox"/> ACV <input type="checkbox"/> R.C		
EQUIPMENT	<input type="checkbox"/> ACV <input type="checkbox"/> R.C		
STOCK	ACV		
OFFICE CONTENTS			
TOOL FLOATER			
EDP incl MEDIA			
RENTAL INCOME VALUE			
GROSS EARNINGS	CO: %		
PROFITS	CO: 100%		
ALS			
EXTRA EXPENSE			
SIGN			
ACCOUNTS RECEIVABLE			
VALUABLE PAPERS			
GLASS			
SEWER BACK-UP	YES <input type="checkbox"/> NO <input type="checkbox"/>		
CRIME			
FIDELITY			
LIABILITY			
CGL	OCCUR. <input type="checkbox"/>		
	CLMS MADE <input type="checkbox"/>		
OLT			
NON OWNED AUTO			
TENANTS LEGAL LIABILITY			
SEF #94 Damage to Hired Autos			
EQUIPMENT BREAKDOWN			

Target Premium

Additional Comments