



**Additional Location
Brokerage Supplement**

ABEX Affiliated Brokers Exchange Inc.
231 Shearson Cres, Suite 304
Cambridge, ON N1T 1J5
(p) 519-880-0044
quotes@abexinsurance.com
www.abexinsurance.com

Brokerage:		
Broker address:		
Accounting/Document mailing address, if different than above:		
Mailing Preference:	Canada Post	ICS Courier
Telephone:	Website:	
Policy Docs Contact:	Policy Docs Email:	
Accounting Contact:	Accounting Email:	

Please provide a separate supplement of all sub-offices, branches or affiliated offices, including phone, email & staff information.

Brokerage Personnel (please attach a separate document for additional personnel)

Name	Position/Title	Email address

_____ Signature	_____ Position Held at Brokerage	_____ Date
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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**