



# Commercial Building Owner Application

ABEX Affiliated Brokers Exchange Inc.  
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Brokerage:		Broker code:	Broker contact:
Broker address:		Email:	
Named Insured(s):		Principal(s):	
Mailing address:		Effective date: Policy term:	
Location address:			
Mortgagee(s):			
Mortgagee(s) address:			
Other policies with ABEX:		Prior insurance & expiry date:	
1. Underwriting Details			Yes No
Is there an annual lease in place?	Property's current market value:	Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i>	
Total number of units:	Total number of tenants:	Hydrant within 300 meters?	
Occupancies:		Firehall within 8 Kms?	
Type of tenant (e.g. residential, commercial, mercantile): <i>If commercial or mercantile, use the 'Comments' section or separate attachment to provide the full list of tenants</i>		Is it a volunteer firehall?	
Are any of tenants currently in arrears with their rent payment? <i>If 'yes', please explain in 'Comments'</i>	Yes No	Min. one (1) smoke detector per floor?	
Is Insured currently involved in any proceedings or awaiting any proceedings with the Rent Control Board? <i>If 'yes', explain in 'Comments'</i>	Yes No	Is the risk located in an active flood zone? <i>If 'yes', we'd decline</i>	
Who is responsible for snow removal?		Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline</i>	
If tenant is responsible for snow removal, is there a separate agreement in place?		Does the risk meet local Fire Code & By-law requirements for its current occupancy?	
If the applicant DOES NOT live within 250 kms of the property, who will be responsible for maintaining the property?		Is this leased land?	
		Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>	
		Does the building have a heritage designation? If 'yes', is the designation with respect to façade/exterior only? <i>If interior designation, we'd decline.</i>	
2. Construction Details			
Year built		Building area in sq. feet	
No of Stories		Construction	
	Type	Year Updated	
Electrical Wiring & Amperage			
Breakers or Fuses			
Plumbing			
Heating			
Supplementary Heating			
Roof			
Private Protections		Yes No	Adjacent Risks
Fire Alarm			Separation Exposure
Burglar Alarm			Front ft
Monitored			Back ft
Sprinklered			Left ft
On-Site Security			Right ft

3. Please confirm that named insured has been added as additional insured on tenants' liability policy:					Yes	No
4. 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?		
5. Coverage		Limits Required		Deductible		
Building(s)		\$				
Outbuilding(s) <sup>1</sup> <small><sup>1</sup>No cover given for outbuildings unless a limit is shown on the policy.</small>		\$				
Contents		\$				
Rental Income		\$				
Sewer Back Up		\$				
Liability (CGL)		\$				
6. Is coverage required for:    Equipment Breakdown:    Yes                  No                  Flood:    Yes                  No                  Earthquake:    Yes                  No <span style="color: red;">(Excluding BC)</span>						
7. Current photos of the risk attached ?                  Yes                  No                  (Current photos and Building Evaluator are not required for EZ_ITV or equivalent evaluator attached?                  Yes                  No                  quoting, but will be required in order to bind coverage)						
8. 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 a different browser or save and email the application to **quotes@abexinsurance.com**