



**Commercial Liability
Application - RENEWAL**

ABEX Affiliated Brokers Exchange Inc.
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Waterloo, ON N2L 6R5
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Broker Name:	Contact:	
Address:		
Policy Number:	Effective Date:	Broker Code:

1. Please advise:

Full Name of all Insureds:	Name of Principals:
Mailing Address:	

2. (a) Please fully describe the nature of your business activities, including website address. (If no website, please attach brochure, or company literature, to this form):

(b) For the upcoming year, do you anticipate any changes to the type of work you will be performing? If yes, please provide details:

3. Please state your revenue in respect of the following years:

Date of financial year end: ____ / ____ (dd/mm)	Last complete financial year	Estimate for current financial year
(a) Canadian revenue:		
(b) USA revenue:		
(c) Other territory revenue:		

4. For the 12 months, please provide a full breakdown of your total revenue by activity (attach a separate page if further room is required):

Activity	Percentage of your total revenue	Percentage Subcontracted
	%	%
	%	%
	%	%
	%	%

5. Please provide details of your current Errors & Omissions Insurance (if any):

	Effective Date	Limit	Deductible	Premium	Insurer
Current					

6. Please provide details of any loss or actions brought against your company including defence costs and deductible, or any circumstances that may give rise to a loss:

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.

Singature(s) of All Named Insured(s) (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, email the application to **quotes@abexinsurance.com** or fax it to 1-855-821-7060.