



**Commercial
Building Owner
Renewal Application**

ABEX Affiliated Brokers Exchange Inc.
508 Riverbend Dr., Suite 304
Kitchener, ON N2K 3S2
(p) 519-880-0044 (f) 1-855-821-7060
quotes@abexinsurance.com
www.abexinsurance.com

Broker Name:	Contact:	
Address:		
Policy Number (for renewal purposes only):	Effective Date:	Broker Code:

1. Please advise:

Full Name of all Insureds:
Mailing Address:

2. (a) Please confirm the location address:

(b) Please provide a list of all residential and commercial tenants. For the commercial tenants, please advise their description of operations:

3. Please state your revenue in respect of the following years, with respect to this property:

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

4. Have there been any updates or changes to the building since last year? If so, please describe:

5. Please provide details of any loss or actions brought against you/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.

Signature(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

*

* 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.