



Commercial Building Owner Application

ABEX Affiliated Brokers Exchange Inc.
 508 Riverbend Dr., Suite 304
 Kitchener, ON N2K 3S2
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quotes@abexinsurance.com
www.abexinsurance.com

Brokerage:	Broker contact:
Broker address:	Email:
Named Insured:	Broker Code:
Mailing address:	Effective date: Policy term:
Location address:	
Loss payee(s):	
Loss payee(s) address:	
Other policies with ABEX:	

Underwriting Details	Yes No
Prior insurance & expiry date:	Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i>
Is there an annual lease in place?	Hydrant within 300 meters?
Total number of units:	Firehall within 8 Kms?
Total number of tenants:	Is it a volunteer firehall?
Who is responsible for snow removal?	Min. one (1) smoke detector per floor?
If tenant responsible for snow removal, is there a separate agreement in place?	
If the applicant DOES NOT live within 100 kms of the property, who will be responsible for maintaining the property?	

Construction Details			
Year built		Building area in sq. feet	
No of Stories		Construction	
	Type	Year Updated	
Electrical			
Amperage			
Plumbing			
Heating			
Roof			
Occupancies:			

Private Protections	Yes	No
Fire Alarm		
Burglar Alarm		
Monitored		
Sprinklered		
On-Site Security		

Adjacent Risks		
	Separation	Exposure
Front	ft	
Back	ft	
Left	ft	
Right	ft	

Building type (single family, row house etc):

Comments:

Please confirm that named insured has been added as additional insured on tenants' liability policy: Yes No

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?

Coverage	Limits Required	Deductible
Building(s)	\$	
Outbuilding(s) **	\$	
Contents	\$	
Rental Income	\$	
Sewer Back Up	\$	
Liability (CGL)	\$	

****No cover given for outbuildings unless a limit is shown on the policy.****

Current photos of the risk attached ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	(Current photos and Building Evaluator are not required for quoting, but will be required in order to bind coverage)
EZ_ITV or equivalent evaluator attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Additional 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 Internet Explorer or email the application to quotes@abexinsurance.com or fax it to 1-855-821-7060.