



Premises Liability Application

ABEX Affiliated Brokers Exchange Inc.
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Broker Name:		Contact:	
Address:			
Policy Number (for renewal purposes only):	Effective Date:	Broker Code:	

1. Please advise:

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

2. Please provide details of your current Commercial General Liability insurance.

	Expiry Date	Limit	Deductible	Premium	Insurer
Current					

3. Please provide the location address, size of land parcel and zoning:

Address:
Size of land parcel:
Zoning:

4. How many years have you owned the land?

5. Is the property secured in any way – ie. fencing, gates, etc.?

Yes No

6. Please advise intended use of this land, and the expected time frame.

7. Are there any buildings on this land? Yes No
(If yes, please provide photos)

What is the use of these buildings?

8. Please advise how often the property is visited/inspected.

9. Is the land used for any farming? Yes No

If so, by owner or third-party?

(If third-party, owner must be named as additional insured on third-party policy and obtain certificate)

10. Are any markets held on the property, or will property be used for car parking? Yes No

Additional
Comments:

11. Does the property have any special premises hazards such as railroads, private roads, dams, rivers, lakes, streams, creeks, ponds or other bodies of water? Yes No

Additional
Comments:

12. Is the property used for the purposes of horse riding, hiking, fishing, motor sports, skiing, hunting, snowmobiling or other sporting activities? Yes No

Additional
Comments:

13. Are there any quarries, mines or wells? Yes No

Additional
Comments:

14. Have there been, or are there presently, issues with squatters, trespassers, vagrants or vandals? Yes No

Additional
Comments:

15. What coverage do you require?

Coverage	Limit
Commercial General	
Commercial General Aggregate	
Deductible	

16. Please provide details of any claims or actions brought against your company including defence costs and deductible. Include loss experience of companies that have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence	Claim Amounts				Open or Closed
		Reserve	Paid	Expenses	Deductible	

17. 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:

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

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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.