



Commercial Package 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 Insurance Policy:

| | Expiry Date | Limit | Deductible | Premium | Insurer |
|---------|-------------|-------|------------|---------|---------|
| Current | | | | | |

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

4. How many years have you been in business?

5. 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: | | |

6. (a) For the past 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 |
|----------|----------------------------------|--------------------------|
| | % | % |
| | % | % |
| | % | % |
| | % | % |
| | % | % |
| | % | % |

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

(c) In regard to subcontractors: are subcontractors required to submit liability certificates? If so what is the minimum limit you require? Do you enter into formal contract with your subcontractors? If yes, do you include a "hold harmless" clause in your favour? (please include a copy of the contract)

7. Do you engage in any of the following activities:

| | | | |
|--|------------------------|--|--------------------------|
| | Demolition or Wrecking | | Use of Explosives |
| | Shoring | | Raising or Moving |
| | Underpinning | | Tunnelling |
| | Caisson Work | | Welding or Torch Cutting |
| | Excavation | | Dredging |

8. Please state your annual anticipated payroll broken down as detailed below, in dollar amounts:

| | Non-Manual | Manual | Hazardous |
|------------------------------------|------------|--------|-----------|
| Working at your premises: | | | |
| Working away from premises: | | | |
| Total Number of Employees: | | | |
| Are all employees covered by WSIB? | | | |
| If no please explain: | | | |

9. Location Information (complete for each location covered):

A) Location: Same as above noted Other:

B) Is the risk located in an active flood zone? Yes No

C) Is the risk located within 50 kms of an active fire zone? Yes No

D) Is the building owned by the Insured? Yes No

Area occupied by the Insured:

Number of stories:

Year Built:

E) Please indicate the following:

Wall Construction: Frame Brick & Wood Frame Masonry Steel

Roof Construction: Wood Joist Steel Deck Concrete Other:

Floor Construction: Wood Joist Concrete Other:

Dates and Extent of Updates:

Roof:

Wiring:

Plumbing:

Heating:

Number of Stories that are occupied:

Total Square Footage of occupied space:

F) Building Occupants (describe all tenants & their description of operations):

G) Adjacent Exposure Occupancies:

North: East:
South: West:

H) Fire Protection:

Hydrant within 300 metres Fire Station within 8km Unprotected (no hydrants)

Fire Alarm:

None Local Central Station

Sprinklered:

None Partial % Located in: Yes 100%

Burglar Alarm:

None Local Central Station Line Security Digital Dealer

I) Are all doors equipped with double cylinder deadbolt locks? Yes No

If NO, please describe protection:

J) Is there a safe? Yes No

If YES, please specify type/class:

K) Average amount of cash on the premises: \$ Maximum amount: \$

10. Coverage, Limits and Notes:

A)

| Property Values | Location 1 Limit: | Location 2 Limit: | Location 3 Limit: |
|------------------------------|----------------------|----------------------|----------------------|
| Building | | | |
| Equipment | | | |
| Tenants Improvements | | | |
| Office Contents | | | |
| EDP Equipment | | | |
| EDP Data Media | | | |
| Laptops/Portables Projectors | | | |
| Customers' Goods | | | |
| Property of Others | | | |
| Stock | | | |
| Gross Earnings | | | |
| Profits | | | |
| Other | | | |

NOTE: IF more than 3 locations, please attach a separate sheet (copy of this page for the additional information).

B)

| | Limit: | Limit: | Limit: |
|---------------------------|--------|--------|--------|
| Crime | | | |
| Employee Dishonesty | | | |
| Money Orders & Securities | | | |
| Other | | | |

11. Do your employees use their personal automobile on company business? Yes No

If yes, please provide details:

Estimated annual cost of hired/rented automobiles \$

12. Does your business have any special premises or operations hazards such as owned or chartered watercraft; private docks or wharfs; swimming pools; private roads; mechanical truck loading or unloading facilities; radioactive material; owned, leased or chartered, any dams reservoirs or private railroads. If yes to any of these, please fully describe:

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

| | Effective Date | Limit | Deductible | Premium | Insurer |
|---------|----------------|-------|------------|---------|---------|
| Current | | | | | |

14. What coverage do you require?

| Coverage | Limit |
|------------------------------|-------|
| Commercial General | |
| Commercial General Aggregate | |
| Non-Owned Automobile | |
| Tenant's Legal Liability | |
| Employee Benefits Liability | |
| Deductible | |

15. 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:

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

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.