Pool Supplement

ABEX Affiliated Brokers Exchange Inc.
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Broker Name:	Contact:	
Address:		
Policy Number (for renewal purposes only):	Effective Date:	Broker Code:
Full Name(s) of all Insureds:	Name(s) of Principals:	
Mailing Address:		

1. Type of Pool: ◯ Inground ◯ Above Ground
2. Is the pool fenced and gated? ◯ Yes ◯ No
3. Do the pool and enclosure conform to the municipal standards? ◯ Yes ◯ No
4. Does the insured require confirmation of tenants insurance? ◯ Yes ◯ No
5. Is there direct access from the house to the pool? ◯ Yes ◯ No
6. Age of renter: _____ Occupation of renter: _____
7. Does the renter have children under the age of 10? ◯ Yes ◯ No

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

Submit *

* 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**