



Commercial Building Owner Application

ABEX Affiliated Brokers Exchange Inc.
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 Waterloo, ON N2L 5A6
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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:	Prior insurance & expiry date:																													
Underwriting Details																														
Yes No																														
Is there an annual lease in place?	Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i>																													
Total number of units: Total number of tenants:	Hydrant within 300 meters?																													
Type of tenant (<i>e.g. residential, commercial, mercantile</i>): <i>If commercial or mercantile, use the 'Comments' section or separate attachment to provide the full list of tenants.</i>	Firehall within 8 Kms?																													
Who is responsible for snow removal?	Is it a volunteer firehall?																													
If tenant responsible for snow removal or is there a separate agreement in place?	Min. one (1) smoke detector per floor?																													
If the applicant DOES NOT live within 100 kms of the property, who will be responsible for maintaining the property?	Is the risk located in an active flood zone? <i>If 'yes', we'd decline</i>																													
	Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline</i>																													
Construction Details	Does the risk meet local Fire Code & By-law requirements for its current occupancy?																													
	Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>																													
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Occupancies:																														
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