



Premises Liability Application - RENEWAL

ABEX Affiliated Brokers Exchange Inc.
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Brokerage:	Broker contact:	
Broker address:	Email:	
Broker code:	Policy Number (for renewal purposes only):	Effective Date:
Full names of all Insureds:		
Names of Principals:		
Mailing address:		
Location address:		
Underwriting Details		
Size of land parcel:	Zoning:	
Please advise intended use of this land, and the expected time frame:		
Are there any buildings on this land? <i>If 'yes', please provide photos.</i>	Yes	No
What is the use of these buildings?		
For the upcoming year, do you anticipate any changes to the use of the land? <i>If 'yes', please provide details:</i>	Yes	No
Please state below your revenue in respect of the following years, with respect to this property: Date of financial year end (dd/mm): /		
Revenue	Last complete financial year	Estimate for current financial year
Canadian revenue		
Other territory revenue		
Please advise if the land is secured in any way, and how often the property is visited:		
Please provide details of any loss or actions brought against you/your company, including defense costs and deductible, or any circumstances that may give rise to a loss:		
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**