



Commercial Building Owner

Application - RENEWAL

ABEX Affiliated Brokers Exchange Inc.
 139 Northfield Dr. W., Suite 206
 Waterloo, ON N2L 5A6
 (p) 519-880-0044
quotes@abexinsurance.com
www.abexinsurance.com

Brokerage:		Broker contact:	
Broker address:		Email:	
Broker Code:	Policy number: <i>(for renewal purposes only)</i>	Effective date:	
Named Insured(s):			
Mailing address:			
Location address:			
Underwriting Details			
Provide a list of all residential and commercial tenants <i>(use Additional Comments section if needed)</i> . For commercial tenants please advise their description of operations:		Please answer the following:	Yes No
Tenant	Description of operations (commercial)	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>	
		Does the risk meet local Fire Code & By-law requirements for its current occupancy?	
		Is Equipment Breakdown coverage required?	
		Is Flood coverage required? <i>(Ontario only)</i>	
		Is Earthquake coverage required? <i>(Ontario only)</i>	
Date of financial year end: / (dd/mm)			
Please state your revenue in respect of the following years, with respect to this property:			
Revenue	Last complete financial year	Estimate for current financial year	
Canadian revenue:			
Other territory revenue:			
Have there been any updates or changes to the building since last year? If so, please describe:			
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

*

* 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**