Premises Liability Application

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

1. Please provide details of your current Commercial General Liability insurance:

Expiry Date	Limit	Deductible	Premium	Insurer

2. Size of land parcel: Zoning:

3. Is this leased land? ◯ Yes ◯ No If 'no', how many years have you owned the land?

4. Is the property secured in any way – e.g. fencing, gates, etc.? ◯ Yes ◯ No

5. Please advise intended use of this land, and the expected time frame:

6. Are there any buildings on this land? If 'yes', please provide photos. ◯ Yes ◯ No

Value of buildings on the premises: Square footage of buildings on the premises:

What is the use of these buildings?

7. How often is the property visited/inspected?

8. Is the land used for any farming? ◯ Yes ◯ No If 'yes', by owner or third-party?

(If farming done by third-party, owner must be named as additional insured on third-party policy and obtain certificate)

9. Are any markets held on the property, or will property be used for car parking? ◯ Yes ◯ No
If 'yes', please provide details:

10. Does the property have any special premises hazards such as railroads, private roads, dams, rivers, lakes, streams, creeks, ponds or other bodies of water? *If 'yes', please provide details:* ◯ Yes ◯ No

11. Is the property used for the purposes of horse riding, hiking, fishing, motor sports, skiing, hunting, snowmobiling or other sporting activities? *If 'yes', please provide details:* ◯ Yes ◯ No

12. Are there any quarries, mines or wells? *If 'yes', please provide details:* ◯ Yes ◯ No

13. Have there been, or are there presently, issues with squatters, trespassers, vagrants or vandals? *If 'yes', please provide details:* ◯ Yes ◯ No

14. What coverage do you require?

Coverage	**Limit**
Commercial General	
Commercial General Aggregate	
Deductible	

15. Please provide details of any claims or actions brought against your company, including defense costs and deductible. Include loss experience of companies that have been taken over or merged with your company.

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

16. 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		

17. 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

Submit *

* If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using a different browser or save and email the application to **quotes@abexinsurance.com**