



Cart & Kiosk Vendors 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:						
Underwriting Details						
1. Provide details of your current Commercial General Liability insurance:						
Expiry Date:	Limit:	Deductible:	Premium:	Insurer:		
2. Fully describe the nature of your business activities, including website address. (If no website, attach brochure or company literature along with this form):						
3. Number of years in business and experience of insured:						
4. Does the Insured have a local authority license to operate (where applicable):						
5. Select any of these that apply to the Insured's operations:						
<input type="checkbox"/>	Any claims in last 5 years	<input type="checkbox"/>	Sales to the US			
<input type="checkbox"/>	Turnover greater than \$500,000	<input type="checkbox"/>	Imports from China			
<input type="checkbox"/>	Any business outside the classification	<input type="checkbox"/>	Products which do not meet Governmental Approval or Guidelines			
<input type="checkbox"/>	Exports or sales outside of Canada					
6. For the upcoming year, do you anticipate any changes to the type of work you will be performing? If yes, please provide details:						
7. Date of financial year end: _____ / _____ (dd/mm).		Revenue for last complete financial year:		Revenue estimate for current financial year:		
8. 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	

9. What coverage do you require?

Coverage	Limit	Coverage	Limit
Property Contents	\$20,000	Tenant's Legal Liability	\$500,000
	\$50,000		\$1,000,000
Where are the cart and stock stored?	\$100		\$2,000,000
	\$325		\$100
Commercial General		Medical Expenses any one Person	\$10,000
Commercial General Aggregate		Employee Benefits Liability	\$20,000
Non-Owned Automobile	\$1,000,000	Forest Fire Fighting Expense	\$1,000,000
	Included	Deductible	
	\$2,000,000		
SEF94 endorsement	\$100		
	\$50		
Policy limits	\$1,000,000	\$2,000,000	\$5,000,000

10. 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 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

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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 a different browser or save and email the application to **quotes@abexinsurance.com**