



Cart & Kiosk Vendors Application

ABEX Affiliated Brokers Exchange Inc.
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 Waterloo, ON N2L 5A6
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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			Tenant's Legal Liability		
Equipment			Non-Owned Automobile		
Stock			Include SEF94 Endorsement?	Yes	No
Trailer			Medical Expenses Any One Person		
Are the trailer and/or cart plated?	Yes	No	Employee Benefits Liability		\$1,000,000
Where are the cart and stock stored?			Forest Fire Fighting Expense		\$1,000,000
Commercial General Liability	\$1,000,000	\$2,000,000			\$5,000,000
Commercial General Aggregate	\$1,000,000	\$2,000,000			\$5,000,000

Deductible:

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**