



# Commercial Liability Application - RENEWAL

ABEX Affiliated Brokers Exchange Inc.  
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|                                                                                                                                                                                     |                                                      |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------|
| Brokerage:                                                                                                                                                                          | Broker contact:                                      |                                         |
| Broker address:                                                                                                                                                                     | Email:                                               |                                         |
| Broker Code:                                                                                                                                                                        | Policy number:<br><i>(for renewal purposes only)</i> | Effective date:                         |
| Named Insured(s):                                                                                                                                                                   |                                                      |                                         |
| Principal(s):                                                                                                                                                                       |                                                      |                                         |
| Mailing address:                                                                                                                                                                    |                                                      |                                         |
| Location address:                                                                                                                                                                   |                                                      |                                         |
| <b>1. Please state your revenue in respect of the following years, with respect to this property:</b>                                                                               |                                                      |                                         |
| <b>Revenue</b>                                                                                                                                                                      | <b>Current Year</b>                                  | <b>Estimate for Next Financial Year</b> |
| Canadian revenue:                                                                                                                                                                   |                                                      |                                         |
| USA revenue:                                                                                                                                                                        |                                                      |                                         |
| Foreign revenue:                                                                                                                                                                    |                                                      |                                         |
| <b>2. Please provide a breakdown of your operations (attach separate page if further space is required):</b>                                                                        |                                                      |                                         |
| Activity                                                                                                                                                                            | Percentage of your total revenue                     | Percentage Subcontracted                |
|                                                                                                                                                                                     | %                                                    | %                                       |
|                                                                                                                                                                                     | %                                                    | %                                       |
|                                                                                                                                                                                     | %                                                    | %                                       |
|                                                                                                                                                                                     | %                                                    | %                                       |
| <b>3. Do you have any USA locations or do any work in the USA?</b> Yes      No                                                                                                      |                                                      |                                         |
| <b>4. Number of employees:</b>                                                                                                                                                      | <b>Annual Payroll:</b>                               |                                         |
| <b>5. Have there been or will there be any changes to your operations/activities?</b> Yes      No                                                                                   |                                                      |                                         |
| <i>If 'Yes', please detail any changes to your business activities or attach details of other changes:</i>                                                                          |                                                      |                                         |
| <b>6. 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:</b> |                                                      |                                         |
| <b>7. Additional comments:</b>                                                                                                                                                      |                                                      |                                         |

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