



Lot Supplement

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 (for renewal purposes only):	Effective Date:	
Named Insured(s):			
Principal(s):			
Mailing address:			
Location address:			
Size of land parcel:	Zoning:		
How many years have you owned the land?	Is the property secured in any way – e.g. fencing, gates, etc.?	Yes	No
Is the land used for any farming?	Yes	No	If 'yes', by owner or third-party?
<i>(If farming done by third-party, owner must be named as additional insured on third-party policy and obtain certificate)</i>			
Are any markets held on the property, or will property be used for car parking? <i>If 'yes', please provide details:</i>	Yes	No	
Does the property have any special premises hazards such as railroads, private roads, dams, rivers, lakes, streams, creeks, ponds or other bodies of water? <i>If 'yes', please provide details:</i>	Yes	No	
Is the property used for the purposes of horse riding, hiking, fishing, motor sports, skiing, hunting, snowmobiling or other sporting activities? <i>If 'yes', please provide details:</i>	Yes	No	
Are there any quarries, mines or wells? <i>If 'yes', please provide details:</i>	Yes	No	

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 email the application to **quotes@abexinsurance.com**