



# Commercial Building Owner Application

ABEX Affiliated Brokers Exchange Inc.  
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Brokerage:	Broker code:	Broker contact:
Broker address:	Email:	
Named Insured(s):	Principal(s):	
Mailing address:	Effective date:	Policy term:
Location address:		
Mortgagee(s):		
Mortgagee(s) address:		
Other policies with ABEX:		Prior insurance & expiry date:

1. Underwriting Details	Yes	No
Is there an annual lease in place?		
Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i>		
Total number of units:                      Total number of tenants:	Hydrant within 300 meters?	
Occupancies:	Firehall within 8 Kms?	
Type of tenant (e.g. residential, commercial, mercantile): <i>If commercial or mercantile, use the 'Comments' section or separate attachment to provide the full list of tenants.</i>	Is it a volunteer firehall?	
Who is responsible for snow removal?	Min. one (1) smoke detector per floor?	
If tenant is responsible for snow removal, is there a separate agreement in place?	Is the risk located in an active flood zone? <i>If 'yes', we'd decline</i>	
If the applicant DOES NOT live within 100 kms of the property, who will be responsible for maintaining the property?	Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline</i>	
	Does the risk meet local Fire Code & By-law requirements for its current occupancy?	

2. Construction Details			
Year built		Building area in sq. feet	
No of Stories		Construction	
	<b>Type</b>	<b>Year Updated</b>	
Electrical			
Amperage			
Plumbing			
Heating			
Supplementary Heating			
Roof			

Is this leased land?	
Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>	
Does the building have a heritage designation? If 'yes', is the designation with respect to façade/exterior only? <i>If interior designation, we'd decline.</i>	

Private Protections	Yes No	
	Fire Alarm	
Burglar Alarm		
Monitored		
Sprinklered		
On-Site Security		

Adjacent Risks		
Separation	Exposure	
Front	ft	
Back	ft	
Left	ft	
Right	ft	

Comments:
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3. Please confirm that named insured has been added as additional insured on tenants' liability policy: <span style="float:right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>				
4. Have there been losses or claims by the applicant in the last 5 years? <span style="float:right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>				
Date of loss	Detailed description of loss	Amount Paid	Open / closed?	Preventative measures in place?
5. Coverage		Limits Required		Deductible
Building(s)		\$		
Outbuilding(s) <sup>1</sup> <small><sup>1</sup>No cover given for outbuildings unless a limit is shown on the policy.</small>		\$		
Contents		\$		
Rental Income		\$		
Sewer Back Up		\$		
Liability (CGL)		\$		
6. Is coverage required for: Equipment Breakdown: Yes <input type="checkbox"/> No <input type="checkbox"/> Flood: Yes <input type="checkbox"/> No <input type="checkbox"/> Earthquake: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Excluding BC)</i>				
7. Current photos of the risk attached ? <span style="float:right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> EZ_ITV or equivalent evaluator attached? <span style="float:right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> <small>(Current photos and Building Evaluator are not required for quoting, but will be required in order to bind coverage)</small>				
8. 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**

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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](mailto:quotes@abexinsurance.com)