



# Commercial Liability Application - RENEWAL

ABEX Affiliated Brokers Exchange Inc.  
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Brokerage:	Broker contact:	
Broker address:	Email:	
Broker Code:	Policy number: <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 **service@abexinsurance.com**