



# Commercial Package Application

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:		
Full names of all Insureds:				
Names of Principals:				
Mailing address:				
Location address:				
Website:				
<b>Underwriting Details</b>				
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. If no website, attach brochure or company literature:				
3. In business since: _____ Number of years of experience: _____				
4. Please state your revenue in respect of the following years, with respect to this property:				
<b>Revenue</b>	<b>Current Year</b>	<b>Estimate for Next Financial Year</b>		
Canadian revenue:				
USA revenue:				
Foreign revenue:				
5. Please provide a breakdown of your operations (attach separate page if further space is required):				
Activity	Percentage of your total revenue	Percentage Subcontracted		
	%	%		
	%	%		
	%	%		
	%	%		
6. Have there been or will there be any changes to your operations/activities?      Yes      No				
<i>If 'yes', please detail any changes to your business activities or attach details of other changes:</i>				

7. In regard to subcontractors: are subcontractors required to submit liability certificates?      Yes      No

If 'yes', what is the minimum limit you require? \$

Do you enter into formal contract with your subcontractors?      Yes      No

If 'yes', do you include a "hold harmless" clause in your favour? (please include a copy of the contract)      Yes      No

8. Do you engage in any of the following activities:

Demolition or Wrecking	Use of Explosives
Shoring	Raising or Moving
Underpinning	Tunnelling
Caisson Work	Welding or Torch Cutting
Excavation	Dredging

9. Please state your annual anticipated payroll broken down as detailed below, in dollar amounts:

	Non-Manual	Manual	Hazardous
Working at your premises \$			
Working away from premises \$			

Total Number of Employees:

Are all employees covered by WSIB?      Yes      No  
 If 'no', please explain:

10. Location Information (complete for each location covered):      Same as above noted      Other:

Construction Details			Hydrant within 300 meters?
Year built		Building area in sq. feet	Firehall within 8 Kms?
No of Stories		Construction	Is it a volunteer firehall?
	<b>Type</b>	<b>Year Updated</b>	Does the risk meet local Fire Code and By-law requirements for its current occupancy?
Electrical			Is the building owned by insured? <i>If 'yes', what's the area occupied by insured:</i>
Amperage			Is the risk located in an active flood zone? <i>If 'yes', we'd decline</i>
Plumbing			Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline</i>
Heating			
Supplementary Heating			
Roof			
Roof Construction:	Wood Joist      Steel Deck      Concrete      Other:		
Wall Construction:	Frame      Brick & Wood Frame      Masonry      Steel		
Floor Construction:	Wood Joist      Concrete      Other:		

Building Occupants (describe all tenants & their description of operations):

Adjacent Exposure Occupancies:

North:      South:      East:      West:

**Private Protections**

Fire Alarm	None	Local	Central Station		
Burglar Alarm	None	Local	Central Station	Line Security	Digital Dealer
Sprinklered	None	Partial %	Located in:		Yes 100%

Are all doors equipped with double cylinder deadbolt locks?      Yes      No  
*If 'no', please describe protection:*

Is there a safe?      Yes      No  
*If 'yes', please specify type/class:*

Average amount of cash on the premises: \$      Maximum amount: \$

**11. Coverage, Limits and Notes (if more than 3 locations, please attach a separate sheet or copy of this page with additional information):**

Property Values	Location 1 Limit	Location 2 Limit	Location 3 Limit
Building			
Equipment			
Tenants Improvements			
Office Contents			
EDP Equipment			
EDP Data Media			
Laptops/Portables Projectors			
Customers' Goods			
Property of Others			
Stock			
Gross Earnings			
Profits			
Other			

	Limit	Limit	Limit		Limit	Limit	Limit
Crime				Money Orders & Securities			
Employee Dishonesty				Other			

12. Do your employees use their personal automobile on company business?      Yes      No  
*If 'yes', please provide details:*

Estimated annual cost of hired/rented automobiles: \$

13. Does your business have any special premises or operations hazards such as owned or chartered watercraft; private docks or wharfs; swimming pools; private roads; mechanical truck loading or unloading facilities; radioactive material; owned, leased or chartered, any dams reservoirs or private railroads? If 'yes' to any of these, please fully describe:

10. Please provide details of your current Errors & Omissions Insurance (if any):

14. Please provide details of your current Errors & Omissions Insurance (if any):

	Effective Date	Limit	Deductible	Premium	Insurer
Current					

15. 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	

16. What coverage do you require?

Coverage	Limit	Coverage	Limit
Commercial General		Tenant's Legal Liability	
Commercial General Aggregate		Employee Benefits Liability	
Non-Owned Automobile		Deductible	

17. 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**