

Premises Liability Application

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:	Effective Date:							
full names of all Insu	reds:							
Names of Principals:								
Mailing address:								
ocation address:								
Jnderwriting Detail	ls							
L. Please provide deta	ails of your current Comm	nercial General Liability insurand	ce:					
Expiry Date	Limit	Deductible	Premiu	m	Insurer			
2. Size of land parcel:		Zoning:	1					
3. Is this leased land?	Yes	No If 'no', ho	w many ye	ars have you owned	the land?			
I. Is the property sec	ured in any way – e.g. fe	ncing, gates, etc.? Yes	N	0				
5. Please advise inten	ded use of this land, and	the expected time frame:						
	lings on this land? If 'yes	s', please provide photos.	Yes	No				
/alue of buildings on		Squa	are footage	e of buildings on the	premises:			
What is the use of the puildings?	ese							
7. How often is the pr	operty visited/inspected?							
3. Is the land used for	r any farming?	Yes No If 'yes	s', by owne	r or third-party?				
If farming done by th	nird-party, owner must be	e named as additional insured o	n third-pa	ty policy and obtain	certificate)			
). Are any markets he f 'yes', please provide		ll property be used for car park	ing?	Yes No				
.0. Does the property have any special premises hazards such as railroads, private roads, dams, rivers, lakes, streams, creeks, conds or other bodies of water? If 'yes', please provide details:							No	
	sed for the purposes of ho	orse riding, hiking, fishing, moto ails:	or sports, s	kiing, hunting, snow	mobiling or other	Yes	No	

12. Are there any qu	uarries,	mines or wells? <i>If</i>	'yes', please provide det	ails:	Yes I	No				
13. Have there been	ı, or are	there presently, is	ssues with squatters, tres	spassers, vagrar	nts or vandals?	If 'yes', please pro	ovide details:	Yes	No	
14. What coverage o	do you r	equire?								
Coverage			Limit							
Commercial General										
Commercial General Aggregate										
Deductible										
			ons brought against your ed with your company.	r company, incl	uding defense co	sts and deductible	e. Include loss ex	(perience of	f	
5	D	h - O			Claim Ar	Amounts		Open or Closed		
Date of Occurrence	Descri	be Occurrence		Reserve	Paid	Expenses	Deductible	- Open or	Closed	
								+		
16. Please state belo	ow your	revenue in respect	t of the following years, v	with respect to t	:his property:Dat	e of financial year	r end (dd/mm):	/		
Revenue Last complete			financial year	Estimate	Estimate for current financial year					
Canadian revenue										
Other territory rever	nue									
17. Additional comm	ents:									
naterial fact. I/we agr ffected thereon. I/we ou to collect, use and	ee that undert I disclose	this Application For ake to inform Unde e personal informa	ry the statements and par rm, together with any other erwriters of any material a tion as permitted by law, i risk, investigate and settl	er material infor alteration to the in connection wi	mation supplied se facts occurring ith your commer	by me/us shall for g before the compl cial insurance polic	rm the basis of and letion of the contr cy or a renewal, e	y contract o ract. I/we au xtension or	f insurar Ithorize variation	
Signature(s) of All Named Insureds (only required if binding):				Full Nar	Full Name(s):					
Position(s) Held at Insured:				Date:						
			olutely <u>NO COVERAG</u> ly given upon writter				rage is			
			This Section	is For Bro	ker Use On	ly				

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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**