

12. Are there any quarries, mines or wells? <i>If 'yes', please provide details:</i>		Yes	No			
13. Have there been, or are there presently, issues with squatters, trespassers, vagrants or vandals? <i>If 'yes', please provide details:</i>		Yes	No			
14. What coverage do you require?						
Coverage	Limit					
Commercial General						
Commercial General Aggregate						
Deductible						
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. Please state below your revenue in respect of the following years, with respect to this property: Date of financial year end (dd/mm): /						
Revenue	Last complete financial year	Estimate for current financial year				
Canadian revenue						
Other territory revenue						
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**