

Is the property	undergo	ing any renovation:	Yes	No				ete Building Undergoing Reno ww.abexinsurance.com/applicat		INSTEAD.
Brokerage:						Broker code:		Broker contact:		
Broker address:							Em	nail:		
Named insured(s):						Pri	Principal(s):		
Mailing address	:									
Location addres	s:									
Mortgagee(s):										
Mortgagee(s) ac	ddress:									
Effective date: Policy term:										
Prior insurance	& expiry	date:			Other po	olicies wi	th AB	EX:		
1. Underwritin	ig Deta	ils								Yes No
Property's curre	ent mark	et value?						Has applicant ever had insurance declined or cancelled? If yes, please explain in 'Add'l Comments'		
Building type (s family, row hou	ingle se etc):				has the vacant:			Hydrant within 300 meters?		
Use / occupancy	y prior t	o vacancy?						Firehall within 8 Kms?		
Reason for vacancy?						Is it a voluntary firehall?				
Who is responsible for snow removal?						Will utilities be maintained?				
If the applicant DOES NOT live within 100 kms of the property who will be responsible for maintaining the property?						Is there a sump pump?				
Describe future plans for this property:						Is there a pool and/or hot tub on premises?				
Total amount of mortgages/encumbrances: \$						Are there more than 6 parking spots on premises? If 'yes', how many?				
Are any of your mortgages/liens/encumbrances or property tax payments in ar				arrears?		Is this leased land?				
Yes	No	If "yes", the tot	al amount:	\$				Is the lot bigger than 1 acre?		
2. Construction Details Vear built Building area			<u>т т т </u>	1		If 'yes', how many acres? Is the risk located in an active	flood zopo2			
in sq. feet		et	ļ	+	If 'yes', we'd decline.		nood zone:			
No of Stories			Construc	ction		l F		Is the risk located within 50 kr an active fire zone? If 'yes', we		
		Туре		Yea	r Updated			Does the building have a heri	tage designation?	
Electrical					façade/ext		façade/exterior only?			
Amperage								If interior designation, we'd declin	ле.	
Plumbing							3. Pri	vate Protections Yes No		Yes No
Heating					Fire Alarm Sprinklered		Sprinklered			
Supplementary Heating] [Burglar Alarm On-Site Securi				
Roof				Monitored						

4. Have there been losses or claims by the applicant in the last 5 years? Yes No								
Date of loss	D	Detailed description of loss	Amount paid	Open / Closed?	Preventative measures in place?			
5. Coverage		Limits Require	Deductible					
Building(s)		\$						
Outbuilding(s) **		\$						
Contents		\$						
Equipment		\$						

Equipment	φ					
Sewer Back Up	\$					
Liability (CGL)	\$					
No cover given for outbuildings unless a limit is shown on the policy.						
6. Current photos of the risk atta	ached ?	Yes	No	(Current photos and Building Evaluator are not required for quoting,		
EZ_ITV or equivalent evaluator a	ittached?	Yes	No	but will be required in order to bind coverage)		

7. 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 <u>NO COVERAGE</u> is given by this application form. Coverage is only given upon written confirmation of binding from ABEX.

This Section is For Broker Use Only

*

* 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**