



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: | | | | |
| Underwriting Details | | | | |
| 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: | | | | |
| Revenue | Current Year | Estimate for Next Financial Year | | |
| 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? |
| | Type | Year Updated | | Does the risk meet local Fire Code and By-law requirements for its current occupancy? |
| Electrical Wiring & Amperage | | | | Is the building owned by insured? <i>If 'yes', what's the area occupied by insured:</i> |
| Breakers or Fuses | | | | 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**