



## Lot Supplement

ABEX Affiliated Brokers Exchange Inc.  
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|   |   |                 |                                    |
|---|---|-----------------|------------------------------------|
| Brokerage:  | Broker contact:   |                 |                                    |
| Broker address:   | Email:  |                 |                                    |
| Broker code:  | Policy Number (for renewal purposes only):                      | Effective Date: |                                    |
| Named Insured(s):   |   |                 |                                    |
| Principal(s):   |   |                 |                                    |
| Mailing address:  |   |                 |                                    |
| Location address:   |   |                 |                                    |
| Size of land parcel:  | Zoning:   |                 |                                    |
| How many years have you owned the land?   | Is the property secured in any way – e.g. fencing, gates, etc.? | Yes             | No                                 |
| Is the land used for any farming?   | Yes   | No              | If 'yes', by owner or third-party? |
| (If farming done by third-party, owner must be named as additional insured on third-party policy and obtain certificate)                                    |   |                 |                                    |
| Are any markets held on the property, or will property be used for car parking?   | Yes   | No              |                                    |
| If 'yes', please provide details:   |   |                 |                                    |
| Does the property have any special premises hazards such as railroads, private roads, dams, rivers, lakes, streams, creeks, ponds or other bodies of water? | Yes   | No              |                                    |
| If 'yes', please provide details:   |   |                 |                                    |
| Is the property used for the purposes of horse riding, hiking, fishing, motor sports, skiing, hunting, snowmobiling or other sporting activities?           | Yes   | No              |                                    |
| If 'yes', please provide details:   |   |                 |                                    |
| Are there any quarries, mines or wells?   | Yes   | No              |                                    |
| If 'yes', please provide details:   |   |                 |                                    |

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 email the application to **[quotes@abexinsurance.com](mailto:quotes@abexinsurance.com)**