

Brokerage:		Broker Contact:				
Broker Address:		Email:				
Broker Code:		Effective Date:				
Full Names of All Insureds:						
Name of Principals:						
Mailing Address:						
Website Address:						
<b>Underwriting Details:</b>						
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 along with this form):						
3. Number of years in business and experience of insured:						
4. Does the Insured have a local authority license to operate ( <i>where applicable</i> ): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable						
5. For the upcoming year, do you anticipate any changes to the type of work you will be performing? If yes, please provide details:						
6. Please provide details of any claims or actions brought against your company, including defense costs and deductible. Include experience of companies that have been taken over or merged with your company.						
Date of Occurrence	Describe Occurrence	Claim Amounts				Status of Claim
		Reserve	Paid	Expenses	Deductible	
						<input type="checkbox"/> Open <input type="checkbox"/> Closed
						<input type="checkbox"/> Open <input type="checkbox"/> Closed
						<input type="checkbox"/> Open <input type="checkbox"/> Closed
7. Select any of these that apply to the Insured's operations:						
<i>*Please note, if any of the below marked with an asterisk are checked off, the risk will need to be referred to our markets</i>						
<input type="checkbox"/>	Any Claims in last 5 years*	<input type="checkbox"/>	Sales to the USA*			
<input type="checkbox"/>	Turnover greater than \$500,000*	<input type="checkbox"/>	Imports from China*			
<input type="checkbox"/>	Exports or Sales outside of Canada*	<input type="checkbox"/>	Products which do not meet Governmental Approval or Guidelines <i>if checked, we would decline.</i>			
<input type="checkbox"/>	Operations outside of Canada <i>if checked, we would decline.</i>	<input type="checkbox"/>	Prior insurance declined <i>if checked, we would decline.</i>			
<input type="checkbox"/>	Deep Fat Frying	<input type="checkbox"/>	More than 5 Carts or Kiosks*			
8. Does the Insured Own the Cart, Trailer, Van or Wagon? <input type="checkbox"/> Yes <input type="checkbox"/> No						
9. Breakdown of Coverage:						
Coverage	Limit	Additional Information				
Property Contents Equipment Stock Trailer		Where are the cart and stock stored?				

10. Please provide the following information if stock is stored at an additional location:

	Type	Year Updated		Year Built	
Electrical Wiring & Amperage				Number of Stories	
Breakers or Fuses				Building Area in Sq. Ft	
Plumbing					

  

	Yes	No		Yes	No
Has the applicant ever had insurance declined or cancelled? <i>If yes, please explain in 'Add'l Comments'</i>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Alarm Protected?	<input type="checkbox"/>	<input type="checkbox"/>
Hydrant within 300 meters?	<input type="checkbox"/>	<input type="checkbox"/>	Burglary Alarm Protected?	<input type="checkbox"/>	<input type="checkbox"/>
Firehall within 8kms?	<input type="checkbox"/>	<input type="checkbox"/>	Monitored?	<input type="checkbox"/>	<input type="checkbox"/>
Is it a volunteer firehall?	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklered?	<input type="checkbox"/>	<input type="checkbox"/>
Minimum one (1) smoke detector per floor?	<input type="checkbox"/>	<input type="checkbox"/>	On-Site Security?	<input type="checkbox"/>	<input type="checkbox"/>
Is the risk located within 50kms of an active fire zone? <i>If yes, we would decline.</i>	<input type="checkbox"/>	<input type="checkbox"/>	Does the risk meet local Fire Code & Bylaw Requirements for its current occupancy?	<input type="checkbox"/>	<input type="checkbox"/>
Is the risk in an active flood zone? <i>If yes, we would decline.</i>	<input type="checkbox"/>	<input type="checkbox"/>	Is the lot bigger than one (1) acre? <i>If yes, how many acres?</i>	<input type="checkbox"/>	<input type="checkbox"/>

11. Coverage	Limits Required (Self-rating, please select coverages below and calculate total)	Premium
Turnover (\$0 - \$100,000)	<input type="checkbox"/> \$1,000,000 (\$453) <input type="checkbox"/> \$2,000,000 (\$604) <input type="checkbox"/> \$5,000,000 (\$755)	
Turnover (\$100,001 - \$250,000)	<input type="checkbox"/> \$1,000,000 (\$525) <input type="checkbox"/> \$2,000,000 (\$694) <input type="checkbox"/> \$5,000,000 (\$869)	
Turnover (\$250,001 - \$500,000)	<input type="checkbox"/> \$1,000,000 (\$682) <input type="checkbox"/> \$2,000,000 (\$906) <input type="checkbox"/> \$5,000,000 (\$1,135)	
Additional Cart, Van, Trailer or Wagon (up to 5)	\$100 per additional Cart	
Tenants Legal Liability	<input type="checkbox"/> \$500,000 (INCL) <input type="checkbox"/> \$1,000,000 (\$50) <input type="checkbox"/> \$2,000,000 (\$100)	
Non-Owned Auto	<input type="checkbox"/> \$1,000,000 (INCL) <input type="checkbox"/> \$2,000,000 (\$100) <i>*subject to underwriter review*</i>	
Forest Fire Fighting Expense	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Contents (\$1,000 deductible)	<input type="checkbox"/> \$20,000 (\$100) <input type="checkbox"/> \$50,000 (\$325) <i>If required limit is above the listed amount will need to be reviewed by an UW</i>	
Deductible	<input type="checkbox"/> \$1,000 (BASE) <input type="checkbox"/> \$2,500 (-5%) <input type="checkbox"/> \$5,000 (-10%) <input type="checkbox"/> \$10,000 (-15%) <i>If insured has US sales, deductible will automatically be \$5,000 with no disc.</i>	
Policy Fee		\$160
<b>Total Premium</b>		

Additional Comments:

Underwriting Considerations:

- If Named insured is a numbered company, confirmation must be obtained that the insured does no other business under these operations
- Minimum Retained Premium 25-100%, depending on coverages selected
- No Cancellations for non-payment
- No current or open claims at time of binding
- \$1,000 set deductible for Property Contents
- \$5,000 set deductible for US sales
- Maximum of \$5,000,000 liability limit

**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 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 a credit information and claims history.

Signature(s) of all Named Insureds (only required if binding):	Full Name(s):
Position(s) Held by 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](mailto:quotes@abexinsurance.com)**