



Commercial Package Application

ABEX Affiliated Brokers Exchange Inc.
139 Northfield Dr. W., Suite 206
Waterloo, ON N2L 5A6
(p) 519-880-0044
quotes@abexinsurance.com
www.abexinsurance.com

Brokerage:	Broker contact:	
Broker address:	Email:	
Broker Code:	Policy number: (for renewal purposes only)	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		
If 'yes', please detail any changes to your business activities or attach details of other changes:		

7. In regard to subcontractors: are subcontractors required to submit liability certificates?YesNo

If 'yes', what is the minimum limit you require? \$

Do you enter into formal contract with your subcontractors?YesNo

If 'yes', do you include a "hold harmless" clause in your favour? (please include a copy of the contract)YesNo

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?YesNo

If 'no', please explain:

10. Location Information (complete for each location covered):

Same as above noted

Other:

Construction Details

Year built

No of Stories

Building area in sq. feet

Construction

Type

Year Updated

Electrical Wiring & Amperage

Breakers or Fuses

Plumbing

Heating

Supplementary Heating

Roof

Hydrant within 300 meters?

Firehall within 8 Kms?

Is it a volunteer firehall?

Does the risk meet local Fire Code and By-law requirements for its current occupancy?

Is the building owned by insured?

If 'yes', what's the area occupied by insured:

Is the risk located in an active flood zone?

If 'yes', we'd decline

Is the risk located within 50 kms of an active fire zone?

If 'yes', we'd decline

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

*

* 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**