

Commercial Building Owner 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 code:		Broker contact:					
Broker address:					Emai	Email:					
Named Insured(s):					Princ	Principal(s):					
Mailing address:					Effective date:						
					Policy	Policy term:					
Location address:											
Mortgagee(s):											
Mortgagee(s) address:											
Other policies with ABEX	:		Pric	or insuran	ice & exp	piry date:					
1. Underwriting Details	5								Yes No		
Is there an annual lease in place? Property's current market value:				:		Has applicant ever had insurance declined or cancelled? If 'yes', please explain in 'Comments'					
Total number of units: Total number of tenants:						Hydrant within 300 meters?					
Occupancies:						Firehall within 8 Kms?					
Type of tenant (e.g. residential, commercial, mercantile): If commercial or mercantile, use the 'Comments' section or separate attachment to provide the full list of tenants.						Is it a volunteer firehall?					
Who is responsible for snow removal?						Min. one (1) smoke detector per floor?					
If tenant is responsible for snow removal, is there a separate agreement in place?						Is the risk located in an active flood zone? If 'yes', we'd decline					
If the applicant DOES NOT live within						Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline</i>					
250 kms of the property, who will be responsible for maintaining the property?						Does the risk meet local Fire Code & By-law requirements for its current occupancy?					
2. Construction Details	5			_		Is this leased lar	nd?				
Year built	Building area in sq. feet						oigger than 1 acre?				
No of Stories		Construc	tion			If 'yes', how man Does the buildir	y acres?				
	Туре		Year Updated			designation?		-			
Electrical Wiring & Amperage						If 'yes', is the designation with respect to façade/exterior only? If interior designation, we'd decline.					
Breakers or Fuses] _							
Plumbing						Protections Ye	es No	Adjacent Risk Separation	s Exposure		
Heating					Fire Alar	m		Front ft			
Supplementary Heating				_ [Burglar <i>i</i>	urglar Alarm					
Roof				<u> </u>	Monitore	d		Back ft			
Comments:								Left ft			

Sprinklered

On-Site Security

ft

ft

Right

3. Please conf	firm that named insured has been added a	s additional insu	ured on tenants' l	iability policy:	Yes No	
4. Have the	re been losses or claims by the applica	nt in the last 5	5 years? Ye	es No		
Date of loss	Detailed description of lo)SS	Amount Paid	Open / closed?	Preventative mea	sures in place?
5. Coverage			s Required	Deductible		
Building(s)		\$				
Outbuilding(s) 1 1 No cover given for outbuildings unless a limit is shown on the policy.						
Contents		\$				
Rental Incom	ne	\$				
Sewer Back I	Jp	\$				
Liability (CGI	-)	\$				
6. Is coverag	e required for: Equipment Breakdown:	Yes No	Flood: Yes	No	Earthquake: Yes (Excluding BC)	No
7. Current ph	notos of the risk attached ? Yes	No	Currer	nt photos and Buildin	ig Evaluator are not re	equired for
EZ_ITV or eq	uivalent evaluator attached? Yes	No	o quoting	, but will be required	d in order to bind cove	erage)
8. Additional	comments:					
material fact. I/v affected thereor you to collect, u	e declare that after proper enquiry the stateme we agree that this Application Form, together w n. I/we undertake to inform Underwriters of any se and disclose personal information as permitt purposes necessary to assess the risk, investiga	ith any other ma y material alterat ed by law, in con	terial information s ion to these facts o nection with your c	upplied by me/us shall ccurring before the con commercial insurance p	form the basis of any completion of the contract. olicy or a renewal, exten	ntract of insurand I/we authorize sion or variation
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

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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**