



# Hospitality Application - RENEWAL

ABEX Affiliated Brokers Exchange  
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Named Insureds:			Policy #
Risk Location:			
<b>ANNUAL REVENUE</b>	<b>Current Year</b>		<b>Estimate for Next Financial Year</b>
Food:	\$		\$
Liquor:	\$		\$
Other:	\$		\$
<b>FIRE PROTECTION</b>	<b>6 - Month Maintenance Contract in Place?</b>		<b>Date of Last Service:</b>
ULC 1254.6 Automatic Fire Suppression WET System:	Yes	No	
Duct Cleaning:	Yes	No	
Number of Employees: S.M.A.R.T. Serve or provincial equivalent trained if involved in liquor sales:			
<b>BUSINESS HOURS</b>	<b>Hours &amp; Days of Operation:</b>		
Is this a seasonal operation?	Yes	No	
<b>PATIO</b>			
Ground Level Patio connected to the location?	Yes	No	If 'Yes', number of tables:
Patio separated by side walk or parking lot?	Yes	No	If 'Yes', number of tables:
Roof Top Patio?	Yes	No	If 'Yes', number of tables:
Have there been any changes to your business activities or any of the other information supplied in your last application form?			
Yes	No	If 'Yes', please provide details of changes:	
Are you aware of any claims, loss, damage or circumstance which may give rise to a claim against any of the companies to be insured or any partners or directors?			
Yes	No	If 'Yes', please describe:	
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:
<b>Absolutely <u>NO COVERAGE</u> is given by this application form. Coverage is only given upon written confirmation of binding from ABEX.</b>			
<b>This Section is for Broker Use Only</b>			
*			
* If Submit button doesn't bring up an email with this application attached to it, please save and email the application to <a href="mailto:service@abexinsurance.com">service@abexinsurance.com</a>			