

Commercial Building Owner Application

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

Brokerage:				Broker code:		Broker contact:			
Broker address:					Emai	Email:			
					Dring				
Named Insured(s): Principal(s):									
Mailing address:					Effective date:				
Policy term:									
Location address:									
Mortgagee(s):									
Mortgagee(s) address:									
Other policies with ABEX: Prior insurance & expiry 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 zon If 'yes', we'd decline						tive flood zone?			
If the applicant DOES NOT live within						Is the risk located within 50 kms of an active fire zone? If 'yes', we'd decline			
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						Is this leased land?			
Year built Building area in sq. feet					-				
No of Stories	Construction					Is the lot bigger than 1 acre? If 'yes', how many acres?			
Type Year Update		Year Updated		Does the building have a heritage designation?					
Electrical Wiring & Amperage						If 'yes', is the designation façade/exterior only?			
Breakers or Fuses				 		If interior designation, we'd d			
Plumbing				Pri	vate	Protections Yes No	Adjacent Risks Separation E		
Heating				Fir	e Alar	m	-	xposure	
Supplementary Heating				Bu	rglar Alarm		Front ft		
Roof			Мс	pnitored Back		Back ft			
Comments:			Sp	Sprinklered Left ft					
				On	On-Site Security Right ft				

3. Please confirm that named insured has been added as additional insured on tenants' liability policy: Yes No							
4. Have there been losses or claims by the applicant in the last 5 years? Yes No							
Date of loss	Detailed description of loss		Amount Paid	Open / closed?	Preventative measures in place?		
5. Coverage		Limits Re	quired		Deductible		
Building(s)		\$					
Outbuilding(s) ¹ ¹ No cover given for outbuildings unless a limit is shown on the policy.		\$					
Contents		\$					
Rental Income		\$					
Sewer Back Up		\$					
Liability (CGL)		\$					
6. Is coverage required for: Equipment Breakdown: Yes		No	Flood: Yes	No	Earthquake: Yes No (Excluding BC)		
7. Current photos of the risk attached ? Yes		No	(Currer	nt photos and Building	g Evaluator are not required for		
EZ_ITV or equivalent evaluator attached? Yes		No	quoting, but will be required in order to bind coverage)				

8. 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 <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 * * * 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