

Premises Liability 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:	Effective Date:							
Full names of all Insu	reds:							
Names of Principals:								
Mailing address:								
Location address:								
Underwriting Detail	ls							
1. Please provide deta	ails of your current Comm	ercial General Liability insuranc	e:					
Expiry Date	Limit	Deductible	Premium		Insurer			
2. Size of land parcel:		Zoning:						
3. Is this leased land?	Yes	No If 'no', how	v many ye	ars have you owned	the land?			
4. Is the property sec	ured in any way – e.g. fe	ncing, gates, etc.? Yes	N	0				
5. Please advise inten	ded use of this land, and	the expected time frame:						
6. Are there any build	lings on this land? If 'yes	', please provide photos.	Yes	No				
Value of buildings on	the premises:	Squa	are footage	e of buildings on the	premises:			
What is the use of the buildings?	ese	·		-				
7. How often is the pr	operty visited/inspected?							
8. Is the land used for	r any farming?	Yes No If 'yes	', by owne	r or third-party?				
(If farming done by th	nird-party, owner must be	named as additional insured o	n third-pai	ty policy and obtain	certificate)			
9. Are any markets he If 'yes', please provide		ll property be used for car park	ing?	Yes No				
	have any special premis of water? <i>If 'yes', please</i>	es hazards such as railroads, pr e provide details:	ivate road	s, dams, rivers, lake	es, streams, creeks,	Yes	No	
	sed for the purposes of ho	rse riding, hiking, fishing, moto ails:	r sports, s	kiing, hunting, snow	mobiling or other	Yes	No	

12. Are there any qι	uarries,	mines or wells? <i>If</i>	'yes', please provide det	rails:	Yes	No				
13. Have there been	ı, or are	there presently, is	ssues with squatters, tres	spassers, vagra	nts or vandals?	If 'yes', please pro	ovide details:	Yes	No	
14. What coverage o	do you r	equire?								
Coverage			Limit							
Commercial General										
Commercial General Aggregate										
Deductible										
			ons brought against your ed with your company.	r company, incl	uding defense co	osts and deductible	e. Include loss e	kperience of	:	
Date of Occurrence	Describe Occurrence				Claim A	mounts		Open or Closed		
Date of Occurrence	Descri	be occurrence		Reserve	Paid	Expenses	Deductible	Орен оп	Closed	
16. Please state belo	ow your	revenue in respect	t of the following years, v	with respect to	this property:Da	te of financial yea	r end (dd/mm):	/		
Revenue Last complete			financial year	Estimat	Estimate for current financial year					
Canadian revenue										
Other territory revenue										
17. Additional comm	nents:				1					
naterial fact. I/we agr ffected thereon. I/we ou to collect, use and	ee that undert disclose	this Application For ake to inform Unde e personal informa	ry the statements and par m, together with any other erwriters of any material a tion as permitted by law, i risk, investigate and settl	er material info alteration to the in connection w	rmation supplied se facts occurrin ith your comme	l by me/us shall for g before the comp cial insurance poli	rm the basis of an letion of the conti cy or a renewal, e	y contract or ract. I/we au xtension or	f insurar Ithorize variation	
Signature(s) of All Named Insureds (only required if binding):				Full Na	Full Name(s):					
Position(s) Held at Insured:				Date:						
			olutely <u>NO COVERAG</u> ly given upon writte				rage is			
			This Section	is For Bro	ker Use Or	nly				

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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**