

8. Does the underlying CGL policy contain a "General Aggregate" limit for non product/completed operations losses? YES NO
Please list both the per occurrence limit and the General Aggregate limit:

9. Does your primary CGL policy cover the following exposures?

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Products	<input type="checkbox"/>	<input type="checkbox"/>	Occurrence PD	<input type="checkbox"/>	<input type="checkbox"/>
Personal Injury	<input type="checkbox"/>	<input type="checkbox"/>	Tenants Legal	<input type="checkbox"/>	<input type="checkbox"/>
Advertisers	<input type="checkbox"/>	<input type="checkbox"/>	Non-owned Auto	<input type="checkbox"/>	<input type="checkbox"/>
Employee Benefits Liability	<input type="checkbox"/>	<input type="checkbox"/>	Non-owned Aircraft	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	Watercraft	<input type="checkbox"/>	<input type="checkbox"/>
XCU Hazards	<input type="checkbox"/>	<input type="checkbox"/>	Employers Liability	<input type="checkbox"/>	<input type="checkbox"/>
Pollution Exclusion (Absolute, S&A, Hostile Fire etc. - specify below)	<input type="checkbox"/>	<input type="checkbox"/>	Forest Fire	<input type="checkbox"/>	<input type="checkbox"/>
			Defense Cost Exclusive	<input type="checkbox"/>	<input type="checkbox"/>

10. Does your policy have a sub-limit on any coverage? YES NO
If YES, please describe:

11. Is any coverage on the underlying subject to a deductible? YES NO
If YES, please provide details:

12. Give details of any special or unusual exclusion/restriction in your primary policy:

13. Limit of Excess Coverage desired: \$

14. WATERCRAFT LIABILITY
State the number, type and use and whether or not owned, leased or chartered watercraft:

Do underlying policies listed cover these exposures? YES NO
If NO, please specify:

15. RAILWAY LIABILITY
a) Does Applicant operate an industrial railway? YES NO

If YES, please give full details including length of track (in km), type quantity of rolling stock owned by Applicant, number of crossings, with warning devices used, and the average weekly quantity of non-owned rolling stocks:

b) Do locomotives owned by Applicant operate on a mainline of a railroad? YES NO
If YES, please describe in detail:

16. AVIATION LIABILITY

a) Does Applicant expect to own, lease or charter aircraft within the next twelve (12) months? YES NO
If YES, please give details:

b) Are there any of the Insured's products used in any type of aircraft? YES NO

17. ADVERTISING LIABILITY

a) Describe all radio, television and publishing activities contemplated for the next twelve (12) months.

b) To what extent do underlying policies listed cover these exposures?

18. EMPLOYER'S LIABILITY

a) Is Workers Compensation Insurance carried in all Provinces where the company operates? YES NO
 If not, please give description of employees not covered by Workers Compensation:

b) Do underlying policies cover Employer's Liability in all those Provinces where Workers Compensation Insurance is not provided? YES NO
 If NO, please note exceptions:

19. OWNERS' OR CONTRACTORS' PROTECTIVE LIABILITY

a) Are independent contractors employed? YES NO
 Trades:

b) Are Certificates of Insurance requested from independent contractors? YES NO
 Limit:\$

c) State percentage of work performed by independent contractors %:

20. PREVIOUS LOSS EXPERIENCE

a) List all claims, insured or not, paid or reserved during the past five (5) years and state total amount of each claim:

DATE	CIRCUMSTANCES	COVERAGE INVOLVED	AMOUNT PAID	AMOUNT RESERVED	NO. OF CLAIMANTS
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

21. Has any Insurer cancelled, or declined to renew any form of liability insurance for the Applicant? YES NO
 If YES, please give details:

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 Insured(s) (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

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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 email the application to **quotes@abexinsurance.com**