



Commercial Liability Application

ABEX Affiliated Brokers Exchange Inc.
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Brokerage:	Broker contact:			
Broker address:	Email:			
Broker Code:	Policy number: <i>(for renewal purposes only)</i>	Effective date:		
Full names of all Insureds:				
Names of Principals:				
Mailing address:				
Location address:				
Underwriting Details				
1. Provide details of your current Commercial General Liability insurance:				
Expiry Date:	Limit:	Deductible:	Premium:	Insurer:
2. Fully describe the nature of your business activities, including website address. (If no website, attach brochure or company literature):				
3. In business since: _____ Number of years of experience: _____				
4. Please state your revenue in respect of the following years, with respect to this property:				
Revenue	Current Year	Estimate for Next Financial Year		
Canadian revenue:				
USA revenue:				
Foreign revenue:				
5. Please provide a breakdown of your operations (attach separate page if further space is required):				
Activity	Percentage of your total revenue	Percentage Subcontracted		
	%	%		
	%	%		
	%	%		
	%	%		
6. Have there been or will there be any changes to your operations/activities? Yes No				
<i>If 'yes', please detail any changes to your business activities or attach details of other changes:</i>				

7. In regard to subcontractors: are subcontractors required to submit liability certificates? Yes No

If 'yes', what is the minimum limit you require? \$

Do you enter into formal contract with your subcontractors? Yes No

If 'yes', do you include a "hold harmless" clause in your favour? (please include a copy of the contract) Yes No

8. Do you engage in any of the following activities:

Demolition or Wrecking	Use of Explosives
Shoring	Raising or Moving
Underpinning	Tunnelling
Caisson Work	Welding or Torch Cutting
Excavation	

9. Please state your annual anticipated payroll broken down as detailed below, in dollar amounts:

	Non-Manual	Manual	Hazardous
Working at your premises \$			
Working away from premises \$			

Total Number of Employees:

Are all employees covered by WSIB? Yes No
 If 'no', please explain:

10. List all your buildings or premises (please list on a separate sheet if more space is required):

Do you have any USA locations? Yes No If 'yes', please provide details in address fields below.

Address	Owned Rented	% Occupied by You	Operations performed at each location

Are the above leased or rented in their entirety to others who control and operate the premises' elevators or boilers?

11. Do your employees use their personal automobile on company business? Yes No
 If 'yes', please provide details:

Estimated annual cost of hired/rented automobiles: \$

12. Does your business have any special premises or operations hazards such as owned or chartered watercraft; private docks or wharfs; swimming pools; private roads; mechanical truck loading or unloading facilities; radioactive material; owned, leased or chartered, any dams reservoirs or private railroads? If 'yes' to any of these, please fully describe:

10. Please provide details of your current Errors & Omissions Insurance (if any):

13. Please provide details of your current Errors & Omissions Insurance (if any):

	Effective Date	Limit	Deductible	Premium	Insurer
Current					

14. Please provide details of any claims or actions brought against your company, including defense costs and deductible. Include loss experience of companies that have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence	Claim Amounts				Open or Closed
		Reserve	Paid	Expenses	Deductible	

15. What coverage do you require?

Coverage	Limit	Coverage	Limit
Commercial General		Tenant's Legal Liability	
Commercial General Aggregate		Employee Benefits Liability	
Non-Owned Automobile		Deductible	

16. 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 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 save and email the application to **quotes@abexinsurance.com**