

Vacant Building Application

ABEX Affiliated Brokers Exchange Inc. 375 Hagey Boulevard, Suite 302 Waterloo, ON N2L 6R5 (p)519-880-0044 (f)1-855-821-7060 www.abexinsurance.com

	Brokerage:					Broker contact:						
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	Roof											

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?

Coverage	Limits Required				Deductible		
Building(s)	\$						
Outbuilding(s) **	\$						
Contents	\$						
Equipment	\$						
Sewer Back Up	\$						
Liability (CGL)	\$						
No cover given for outbuildings unless a limit is shown on the policy.							
Current photos of the risk attach	ed ?	Yes	No	(Current photos and Building Evaluator are not required for quoting, but will be required in order to bind coverage)			
EZ_ITV or equivalent evaluator a	ttached?	Yes	No				

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.

Insured's Signature (only required if binding):	Full Name:
Position 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.

* If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using Internet Explorer or email the application to quotes@abexinsurance.com or fax it to 1-855-821-7060.

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