

| 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) ¹ | \$ | | | | | |
| Contents ² | \$ | | | | | |
| Rental Income | \$ | | | | | |
| Sewer Back Up | \$ | | | | | |
| Liability (CGL) | \$ | | | | | |
| ¹ No cover given for outbuildings unless a limit is shown on the policy. | | | | | | |
| ² Are any valuable articles stored on premises (e.g. jewelery, furs, computers etc.) | | | | | | |
| | | | | | Yes | No |
| Any items kept in separate locked room or outbuilding? | | | | | | |
| | | | | | Yes | No |
| If yes, please describe: | | | | | | |
| | | | | | | |
| Current photos of the risk attached? | | Yes | No | (Current photos and Building Evaluator are not required for EZ_ITV or equivalent evaluator attached? | | |
| | | 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.

| | |
|--|---------------|
| 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 Internet Explorer or email the application to **quotes@abexinsurance.com** or fax it to 1-855-821-7060.