



## Wrap-Up Liability Application

Vailo Insurance Services Ltd

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## Wrap-Up Liability Application

### GENERAL INFORMATION

Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Applicant(s): \_\_\_\_\_

Is the Applicant(s) new to the broker:  No  Yes      If no, how long have you known the Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Description of Project: \_\_\_\_\_

**Project Participants (Names):**

Owner: \_\_\_\_\_

Project / Construction Manager: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Architectural / Engineering Consultant: \_\_\_\_\_

Geotechnical Engineer: \_\_\_\_\_

### PROJECTION INFORMATION

Projection Duration: \_\_\_\_\_ Months      From: \_\_\_\_\_ To: \_\_\_\_\_

Policy Term (if different from above): \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address /Location of Project: \_\_\_\_\_ Postal Code: \_\_\_\_\_

No. of Stories (Above Grade): \_\_\_\_\_ No. of Stories (Below Grade): \_\_\_\_\_ Total Area (Sqft): \_\_\_\_\_

New Construction?  No  Yes      Renovation?  No  Yes      If yes, please provide a complete description of the renovation work, including the cost of the renovations and value of the existing structure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there more than one building?  No  Yes      If yes, please provide the value of each structure and distance between each one. \_\_\_\_\_

\_\_\_\_\_

Site Plan attached:  No  Yes

### GENERAL CONTRACTOR INFORMATION

Is the General Contractor bonded?  No  Yes      Do they have CGL Insurance Coverage?  No  Yes

Very Experienced     Experienced     Limited Experience     Unknown

\_\_\_\_\_

List the Project / Construction Manager's largest projects in the past 5 years (including Name, / Type / Location / Value): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CONSTRUCTION INFORMATION:

Construction Materials:	Framework:	<input type="checkbox"/> Wood	<input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Other:
	Exterior Walls:	<input type="checkbox"/> Wood	<input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Other:
	Siding:	<input type="checkbox"/> Wood	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Other:
	Floors:	<input type="checkbox"/> Wood	<input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Other:
	Roof Structure:	<input type="checkbox"/> Wood	<input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Other:
	Roof Covering	<input type="checkbox"/> Shake	<input type="checkbox"/> Asphalt Shingle	<input type="checkbox"/> Other:
	Any hot tar roofing	<input type="checkbox"/> No <input type="checkbox"/> Yes	Any Torch-On	<input type="checkbox"/> No <input type="checkbox"/> Yes

## SITE PREPARATION:

Is there any pile driving, demolition, underpinning or shoring work?  No  Yes If yes, please provide description and value of work:

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Is there any blasting work?  No  Yes Anticipated Value of work: Pre-blast survey?  No  Yes

Is there any potential exposure to adjacent structures from excavating?  No  Yes If yes, please explain:

## SURROUNDINGS:

Adjacent Structures (attach site plan if available):

	Type of Construction	Occupancy	Distance (Feet)
North			
South			
East			
West			

Type of Neighborhood:  Residential  Commercial  Other, please explain:

## SITE PROTECTION INFORMATION:

Is the site fenced?  No  Yes Height / Type:

Watchman services?  No  Yes Hours / Rounds:

Monitored Alarm at lock up?  No  Yes Alarm sounds to:

Video surveillance?  No  Yes Type:

Site Lighting?  No  Yes

## GEOTECHNICAL DATA:

Has a geotechnical report been completed?  No  Yes If no, please advise reasons:

Will the project be constructed in compliance with the geotechnical recommendations?  No  Yes  With Modifications

If with modifications, please describe:

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If a copy of the geotechnical report summary and recommendations is not available, please describe soil conditions:

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Type of foundation for each structure: Are wood forms to be used?  No  Yes

Describe any unusual or experimental features in construction or design:



**COVERAGE REQUIREMENTS**

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Total Estimated Project Value:        \$ \_\_\_\_\_ (Attach breakdown if available)

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Completed Operations Period:     12 months     24 months     Other: \_\_\_\_\_

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Wrap-Up Liability Limit (option 1)    \$ \_\_\_\_\_                      Deductible:    \$ \_\_\_\_\_

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Wrap-Up Liability Limit (option 2)    \$ \_\_\_\_\_                      Deductible:    \$ \_\_\_\_\_

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**MISCELLANEOUS INFORMATION** (Please provide any additional information – where the space provided was insufficient)

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**CLAIMS INFORMATION – LIABILITY**

Describe any insured and uninsured losses having occurred in the past 5 years by either the Owner, General Contractor, Construction Manager or Project Manager (please provide a description, date and amount of loss):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**DECLARATION AND SIGNATURE**

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension, or variation of the insurance applied for.

I / we declare that after proper enquiry the statements and particulars given above are true and that I /we have not misstated 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 effected thereon.

I / we undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

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Signed: \_\_\_\_\_ Full Name: \_\_\_\_\_

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Position: \_\_\_\_\_ Date: \_\_\_\_\_