



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:

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:

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

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

Total Estimated Project Value:	\$	(Attach breakdown if available)				
Completed Operations Period:	<input type="checkbox"/>	12 months	<input type="checkbox"/>	24 months	<input type="checkbox"/>	Other:
Wrap-Up Liability Limit (option 1)	\$	Deductible:		\$		
Wrap-Up Liability Limit (option 2)	\$	Deductible:		\$		

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

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.

Signed:	Full Name:
Position:	Date: