

# Wrap-Up Liability Application

The purpose of this application form is for us to find out who you are and to obtain some information for the coverage you are seeking. This is just an application for quoting purposes; neither party is obligated to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide, or has been provided on your behalf, in this application form must be complete, accurate and not misleading. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. **PLEASE READ CAREFULLY.**

## Broker Information

Brokerage:				Broker ID:	
Broker Address:	City:	Province:	Postal Code:		
Broker Contact:	Broker Email:				

## Applicant Information

Name Insureds(s):				Principal(s):	
Mailing Address:	City:	Province:	Postal Code:		
Risk Location:	City:	Province:	Postal Code:		
Effective Date:	Policy Term: <b>[12-Month Term]</b>	Policy Number (renewal only):			

### 1. Underwriting Details

Completed Operations Period:	<input type="checkbox"/> 12 Months	<input type="checkbox"/> 24 Months	<input type="checkbox"/> 36 Months
Course of Construction Works (Hard Costs):			
Soft Costs:			
Finance costs - commitment fees, standby fees, land rent, letters of credit, construction loan fees; additional interest expenses - monies charged for extension/renewal of loans; leasing and marketing expenses; legal and accounting expenses; other carrying costs - property taxes, building permits, insurance premiums)			
* Note: Architectural & engineering fees are considered a hard cost for the purpose of the Soft Cost Endorsement.			
Description of Project:			

### 2. Project Management

Owner:			
General Contractor:		Project /Construction Manager:	
Prime Architectural Consultant:		Geo-technical Engineer:	
Limit of Liability required:			
Has the General Contractor or professional Project Manager had any losses in the last 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:			

### List the 3 largest projects completed by the General Contractor/Project Manager over the last 5 years:

Year completed	Type of project	Construction cost

### 3. Project Already Started?

Has construction activity already started?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>*If yes, please answer below questions:</i>
What was the date framing for the foundations was started?		
What work has been completed so far?		
Why was insurance not placed at the time construction started?		
Are there any known or reported claims or losses to this project?		

#### 4. Construction Details

Construction type:

Wood Frame	Concrete Block / Masonry	Fire Resistive	Sandwich Cladding	Modular / Prefab
Log	Others:			

Height of structure in stories: \_\_\_\_\_ Total square footage of completed, finished structure(s): \_\_\_\_\_

Is the lot bigger than 1 acre?  Yes  No *\*If 'yes', how many acres:* \_\_\_\_\_

Is this leased land?  Yes  No Have building permits been issued?  Yes  No

Is any work being done below grade?  Yes  No

Does the project attach to or communicate with an existing structure?  Yes  No

#### 5. Subsurface Operations

Please describe the nature, duration, value and relationship to both the project and to adjacent structures.

None	Blasting	Shoring	Pile Driving	Underpinning	Excavation
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Please explain any positive answers:

#### 6. Additional Information

Is there any Hot/Torch on Roofing/Demolition or Welding on this project.  Yes  No *\*If 'yes', provide details below:* \_\_\_\_\_

Does the project attach to or communicate with an existing structure?  Yes  No

*\*If 'yes', in which manner will structures connect or communicate:* \_\_\_\_\_

Occupancy of existing structure during construction: \_\_\_\_\_

Detail exposures to utilities, including relocation thereof (both below and above grade): \_\_\_\_\_

Describe any off-site operations or locations which require insurance: \_\_\_\_\_

#### 7. Additional Comments

NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS ODIS Underwriting Inc. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE. ODIS Underwriting Inc. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.

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.

**Full Name(s):** \_\_\_\_\_ **Signature(s) of All Named Insureds (only required if binding)** \_\_\_\_\_ **Date:** \_\_\_\_\_