

# WRAP-UP APPLICATION

## GENERAL INFORMATION

Name and Address of Applicant: \_\_\_\_\_

Named Insureds (list): \_\_\_\_\_

Name of Project: \_\_\_\_\_

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

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

Construction Period: FROM \_\_\_\_\_ TO \_\_\_\_\_

Policy Term: FROM \_\_\_\_\_ TO \_\_\_\_\_

Total Project Value (attach breakdown in values) \_\_\_\_\_

Hard Costs: (labour, materials, professional fees that form part of the project): \_\_\_\_\_

Soft Costs: (Finance costs, additional interest, leasing and marketing expenses, legal and accounting expenses, other carrying costs).

Details on soft costs: \_\_\_\_\_

Target Premium (if known): \_\_\_\_\_

Limits of Liability

Deductible Options

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## Project Participants

Owner	
Project/Construction Manager	
General Contractor	
Prime Architectural/ Engineering Consultant	
Geotechnical Engineer	

**Other Participants:**

Name of Framing Firm: \_\_\_\_\_

Name of Roofing Firm: \_\_\_\_\_

Name of Plumbing Firm: \_\_\_\_\_

Name of Heating Firm: \_\_\_\_\_

Name of Electrical Firm: \_\_\_\_\_

Name of Architectural Firm: \_\_\_\_\_

Name of Engineering Firm: \_\_\_\_\_

**Construction Details**

Height of Structure: \_\_\_\_\_ Storeys \_\_\_\_\_ Feet

Below Grade \_\_\_\_\_

Above Grade \_\_\_\_\_

Total Building Area \_\_\_\_\_ sq. Feet

Foundation \_\_\_\_\_

Exterior Walls \_\_\_\_\_

Roof: Structure \_\_\_\_\_ Covering \_\_\_\_\_

Hot Roofing Operations? Yes No

**If Yes, Please Confirm The Following:**

1. Name of Roofing Contractor

2. Experience of Roofing Contractor

3. Minimum Distance Between This Project and Adjoining Structures \_\_\_\_\_ Feet

Floors: Structure \_\_\_\_\_ Covering \_\_\_\_\_

Adjacent Structures (attach site plan if available) \_\_\_\_\_

	Type of Construction	Occupancy	Distance
NORTH	_____	_____	_____
EAST	_____	_____	_____
SOUTH	_____	_____	_____
WEST	_____	_____	_____

## Location Information:

Distance to nearest Fire Department \_\_\_\_\_

Name of City or Town providing protection \_\_\_\_\_

Hydrants (operational) \_\_\_\_\_ Number within 1,000 ft.

Describe private fire protection \_\_\_\_\_

Will project be sprinklered?      Yes      No

If yes, at what time will the sprinkler system be in operation? \_\_\_\_\_

## Site Security

Fencing      Yes      No. Details \_\_\_\_\_

Watchman Service      Yes      No. Details \_\_\_\_\_

Alarm      Yes      No. Details \_\_\_\_\_

Is the project a renovation /alteration /addition?      Yes      No.

If yes, provide details on existing property: \_\_\_\_\_

Is existing property to be covered by this policy?      Yes      No.

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

What operation and income is likely to be affected if the existing structure is damaged? \_\_\_\_\_

Provide details of Loss Control Program to be implemented to protect others from operations (ie. Traffic control, preconstruction surveys, vibration monitoring, preconstruction location of utilities and notification to others of interruption thereof, etc.)

\_\_\_\_\_

Describe how fire protection systems will be maintained: \_\_\_\_\_

\_\_\_\_\_

## Subsurface Operations

Describe nature, duration, value & relationship to both the project and to adjacent properties

Blasting \_\_\_\_\_

Shoring \_\_\_\_\_

Pile Driving \_\_\_\_\_

Underpinning \_\_\_\_\_

Gross construction project losses over the last 3 years \_\_\_\_\_

Are there any demolition operations?      Yes      No.

If yes, please provide: \_\_\_\_\_

Anticipated Value: \_\_\_\_\_

Description of Demolition Operations: \_\_\_\_\_

If any portion of the project will be occupied prior to completion, provide details (period, extent and nature of occupancy):

\_\_\_\_\_

Is this a fast track project?      Yes      No

If yes, please provide details of experience with similar projects : \_\_\_\_\_

**Please provide the following attachments:**

Breakdown of values for various structures and type of work (Construction Budget)

Site Plan

Construction Schedule

Geo-Technical Report

**Claims Information**

Detail any liability claims incurred by any of the following which resulted from construction operations in the last three (3) years: Owner, General Contractor, Project/Construction Manager. Indicate date, amount and nature of claim.

The undersigned declares that all statements made in this Application are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application shall be the basis for the contract, should the policy be issued.

INFORMATION PROVIDED BY \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Brokerage (name address) \_\_\_\_\_

Broker (name) \_\_\_\_\_

Email \_\_\_\_\_

Phone number \_\_\_\_\_