

**Toronto Office:** 18 King St. E., Suite 300 Toronto, ON M5C 1C4  
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

**Montreal Office:** 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8  
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

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## APPLICATION – WRAP-UP LIABILITY

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Name of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Address of Applicant: Street \_\_\_\_\_  
(Mailing address) City \_\_\_\_\_  
Province \_\_\_\_\_ Postal code \_\_\_\_\_

Contact person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Quote required by: \_\_\_\_\_

### 1. A) DESCRIPTION OF PROJECT:

\_\_\_\_\_  
\_\_\_\_\_

### B) ADDRESS OF PROJECT:

Street: \_\_\_\_\_  
City: \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

### 2. PROJECT PARTICIPANTS (NAMES):

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

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

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

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

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

3. PLEASE LIST THE PROJECT MANAGER'S/GENERAL CONTRACTOR'S FIVE LARGEST PROJECTS IN THE PAST FIVE YEARS

NAME	TYPE	LOCATION	VALUE (\$100,000'S)

4. CONSTRUCTION PERIOD: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Policy Term (if different from above): From: \_\_\_\_\_ To: \_\_\_\_\_

5. WHAT IS THE BID DATE FOR THIS PROJECT? \_\_\_\_\_

6. PROJECT DATA

HEIGHT OF STRUCTURE	STOREYS	FEET OR METRES
Below Grade		
Above Grade		

Total Area (indicate Sq. Feet or Sq. Metres): \_\_\_\_\_

If this project is a long-span building such as a warehouse or stadium, please indicate the maximum unsupported span length (indicate in feet or metres): \_\_\_\_\_

7. CONSTRUCTION MATERIALS

Framework: \_\_\_\_\_

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

Is an Exterior Insulation and Finish System (EIFS) used?  Yes  No

If Yes, does the EIFS assembly include expanded polystyrene insulation (EPS) or other combustible material?

Yes  No

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

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



14. IF ANY PORTION OF THE PROJECT WILL BE OCCUPIED PRIOR TO COMPLETION,  
PROVIDE DETAILS (period, extent and nature of occupancy)

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15. IS THIS A FAST TRACK PROJECT?  Yes  No

If Yes, please detail experience with similar projects: \_\_\_\_\_

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16. GEOTECHNICAL DATA AND CONSTRUCTION DATA: (please include copy if available)

(a) Has a geotechnical report been completed?  Yes  No

If No, please advise reasons: \_\_\_\_\_

(b) Will the project be constructed in compliance with geotechnical recommendations?

Yes  No  With Modifications (If modifications, please describe in detail:)

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

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(d) Type of foundation for each structure: \_\_\_\_\_

(e) Are wood forms to be used?  Yes  No

(f) Please describe any unusual or experimental features in construction or design: \_\_\_\_\_

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(g) Please describe any special features such as stained glass, glass curtain walls, artwork to be incorporated or included: \_\_\_\_\_

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17. PLEASE DETAIL THE EXPOSURES TO UTILITIES, INCLUDING RELOCATION THEREOF  
(both below and above grade):

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18. PLEASE PROVIDE DETAILS OF THE LOSS CONTROL PROGRAM TO BE IMPLEMENTED TO PROTECT OTHERS FROM OPERATIONS (i.e., traffic control, preconstruction surveys, vibration monitoring, preconstruction location of utilities and notification to others of interruption thereof, etc.):

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19. VALUE

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

Hard Costs: \$\_\_\_\_\_ (Labour, materials, professional fees to enter into and form part of the project.)

20. LIMITS OF LIABILITY

DEDUCTIBLE OPTIONS

\$\_\_\_\_\_,000,000

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

\$\_\_\_\_\_,000,000

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

\$\_\_\_\_\_,000,000

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

21. COMPLETED OPERATIONS PERIOD:

12 months

24 months

Other \_\_\_\_\_

22. CLAIMS EXPERIENCE

Please detail any liability claims (exceeding \$10,000 per accident) incurred by any of the following which resulted from construction operations in the past three years: Owner, General Contractor Project/Construction Manager. Please indicate the date, amount and nature of claim.

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This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signature of Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

BROKER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NO: \_\_\_\_\_

FAX NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



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