



Wrap-up Liability Supplement

ABEX Affiliated Brokers Exchange Inc.
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Brokerage:	Broker contact:	
Broker address:	Email:	
Broker code:	Policy Number (for renewal purposes only):	Effective Date:
Full names of all Insureds:		
Names of Principals:		
Mailing address:		
Underwriting Details		
Name of Project:		
Address/Location of Project:		
Is Wrap-Up Liability Required?	Yes	No <i>(complete only if this coverage is required)</i>
Completed Operations Period:		
Limit of Liability required:		
Does the project attach to or communicate with an existing structure?	Yes	No
If so, manner in which structures will connect or communicate:		
Occupancy of existing structure during construction:		
Business Interruption/loss of use for damages to existing structure:		
Is coverage required for damage to existing structure?	Yes	No
Detail the exposures to the property resulting from demolition, blasting, pile driving, shoring, and underpinning:		
Detail exposures to utilities, including relocation thereof (both below and above grade):		
Describe any off-site operations or locations which require insurance.		

Have there been losses or claims by the applicant in the last 5 years?

Yes

No

Date of loss	Location	Cause of Loss	Amount of Loss

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.

Signature(s) of All Named Insured(s) (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date:

Absolutely NO COVERAGE is given by this application form. Coverage is only given upon written confirmation of binding from ABEX.

This Section is For Broker Use Only

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* If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using Internet Explorer or email the application to **quotes@abexinsurance.com**