



Wrap-up Liability Application

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:	Expiry Date:
Full names of all Insureds:			
Names of Principals:			
Mailing address:			
Underwriting Details			
1. Name of Project:			
2. Address/Location of Project:			
3. Completed Operations Period:	12 months	24 months	36 months
4. Description of Project:			
5. Has the project started? <i>If 'yes', please provide what work has been done on this project.</i>	Yes	No	
6. Limit of Liability required:			
7. Does the project attach to or communicate with an existing structure? <i>If 'yes', in which manner will structures connect or communicate:</i>	Yes	No	
8. Occupancy of existing structure during construction:			
9. Detail the exposures to the property resulting from demolition, blasting, pile driving, shoring, and underpinning:			
10. Detail exposures to utilities, including relocation thereof (both below and above grade):			
11. Describe any off-site operations or locations which require insurance:			
12. 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

Builders Risk Details

13. Total project value (hard costs* only):

Hard costs*: *(labour, materials, debris removal, professional fees that form part of the project)*

14. Project participants

Owner:

Project/construction manager:

General contractor:

Prime architectural/
engineering consultant:

Geo-technical engineer:

15. Project Manager/General Contractor/Owner experience in this type of work:

16. Construction details: Height of structure in stories:

Total building area (sq feet):

Is any work being done below grade?

Yes

No

Exterior walls:

Roof: Structure

Covering

Floors:

Structure

Covering

17. Is there any Hot/Torch on Roofing/Demolition or Welding on this project.

Yes

No

If 'yes', please provide details:

18. Site Security:

None

Fencing

Yes

Details:

Watchman service

Yes

Details:

Guard

Yes

Details:

CCTV

Yes

Details:

19. Surface operations: please indicate any subterranean work required.

Blasting:

Pile Driving:

Excavation:

Shoring:

Underpinning:

None:

Please explain any positive answers:

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**