

WRAP-UP GENERAL LIABILITY APPLICATION

1. Name & address of applicant: _____

2. Name & address of each of the following other than applicant:
 - (a) Owner _____
 - (b) General Contractor _____
 - (c) Architect _____
 - (d) Architectural & Engineering consultants _____
3. Estimated total cost of Project _____
(\$ _____ labour) (\$ _____ materials)
4. Proposed starting date _____
5. Estimated completion date _____
6. Limits of liability _____
7. Deductible _____
8. Completed operations period _____ months
Full description of project: _____

9. Location of project: _____
Business section () Downtown () Industrial ()
Residential () Rural () Other ()
Description of Surrounding exposures: _____

North _____
South _____
East _____
West _____

10. With respect to sub-contract work, provide the following:

<u>List of Subcontractors</u>	<u>Description of work</u>	<u>Est \$ incl materials</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

General Description of the soil conditions & terrain: _____

14. Blasting Yes () No () Performed by _____
Estimated price _____ Pre-Blast Survey Yes () No ()

15. Excavation Yes () No () Performed by _____
Estimated price _____ Depth _____
Type of material excavated _____
Water table above/bottom of excavation Yes () No ()
If Yes, how will it be controlled? _____

16. Shoring () Underpinning () Performed by _____
Estimated price _____

17. Pile Driving Yes () No () Performed by _____
Estimated price _____
Pre-inspection for existing damage _____

18. Demolition Yes () No () Performed by _____
Estimated price _____ Type of structure _____
Height _____ Storeys which equal _____
Type of construction _____
Method of demolition _____

19. Welding Yes () No ()
Fire precaution _____

20. Erection of structures Yes () No ()
 Performed by _____
 Estimated price _____ Height _____
 Storey to Equal _____ feet
 Construction of Foundations _____ Walls _____
 Floor _____ Roof _____
21. Intended occupancy of completed project: _____

22. If partial occupancy prior to completion, what portion? _____

23. Precautions taken to prevent injury to public: _____

24. Proximity to other Buildings _____ feet
 Overhead lines _____ feet
 Underground lines _____ feet
 Other _____ feet
24. Will course of construction Insurer waive subrogation against all contractors and subcontractors?
 Yes () No ()
- Specific extensions, coverages to be considered with the wrap-up: _____

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 by TCB Underwriters Ltd.

THE UNDERSIGNED HEREBY ACKNOWLEDGES 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 APPLICATION FOR INSURANCE AND FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS AND DETERMINE CLAIMS HISTORY OF THE APPLICANT.

Signature of the Applicant: _____

Dated: _____

Print full Name and Title / Position: _____

BROKER NAME: _____

BROKERAGE NAME: _____

BROKERAGE ADDRESS: _____

BROKER PHONE NUMBER: _____ BROKER FAX NUMBER: _____

BROKER EMAIL: _____