

LPI “Wrap – Up” Liability Questionnaire

Tel: 604-276-2474 Fax: 604-276-2943 legearpelling.com

#110 - 7340 Westminster Hwy Richmond, BC V6X 1A1

LEGEAR • PELLING

INSURANCE AGENCIES LTD.

Community Minded Customer Committed

“Wrap – Up” Liability Underwriting Questionnaire

1. Name of Applicant:

Address:

(Number)

(Street)

(City)

(Prov.)

(Postal Code)

2. Name and address of each of the following other than Applicant:

(a) Owner:

(b) General Contractor:

(c) Architect^H:

(d) Architectural and Engineering Consultants^H:

3. Estimated Project Cost¹: \$

4. Project Duration:

Proposed starting date:

Estimated completion date:

5. Project Description:

6. Project Site:

Business Section

Downtown

Industrial

Residential Section

Rural

Other:

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

Description of Work	Estimated Price including Materials
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

8. General description of soil:

9. Has a geotech report been completed? Yes No

If no, please advise reason:

If yes, will the project be constructed in compliance with the geotechnical recommendations? Yes No

Or with Modifications (describe in detail):

If a geotech report has been completed, please provide a copy.

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10. Blasting: Yes No Performed by:

Estimated price: \$ Pre-blast survey: Yes No Seismographic readings: Yes No

¹Project Cost is the total cost of the project including "soft costs" such as engineering fees but excluding the cost of the land.

11. 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?

12. Shoring Underpinning Performed by: Estimated price: \$

13. Pile Driving: Yes No Performed by:

Estimated price: \$ Pre-inspection for existing damage: Yes No

Seismographic readings: Yes No

14. Demolition: Yes No Performed by:

Estimated price: \$ Type of structure:

Height: stores which equals: feet meters

Type of construction:

Method of demolition:

15. Welding: Yes No Performed by:

Fire precautions:

16. Erection of structures performed by:

Estimated price: \$ Height: stores which equals: feet meters

Construction of: Foundations Floor

Walls Roof

Intended occupancy of completed project:

If partial occupancy prior to completion, what portion?

17. Precautions taken to prevent injury to public:

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18. Surrounding Exposures:

Buildings:	North	_____	<input type="checkbox"/> feet <input type="checkbox"/> metres	East	_____	<input type="checkbox"/> feet <input type="checkbox"/> metres
	South	_____	<input type="checkbox"/> feet <input type="checkbox"/> metres	West	_____	<input type="checkbox"/> feet <input type="checkbox"/> metres
Roads:	North	_____	<input type="checkbox"/> feet <input type="checkbox"/> metres	East	_____	<input type="checkbox"/> feet <input type="checkbox"/> metres
	South	_____	<input type="checkbox"/> feet <input type="checkbox"/> metres	West	_____	<input type="checkbox"/> feet <input type="checkbox"/> metres
Underground Lines:		_____	<input type="checkbox"/> feet <input type="checkbox"/> metres	Overhead Lines:	_____	<input type="checkbox"/> feet <input type="checkbox"/> metres

Other (give details):

19. Is Project: (a) Attached to any existing structure? Yes No

(b) Within any existing complex, plant, etc.? Yes No

20. What "off-site" works are involved?

Describe any work involving Transmission Lines, Pipelines, Access Roads, Railways, Dams, Bridges, Tunnels etc.:

21. (a) Give details of any relocation of existing services (e.g. Roads, Railways, Utilities, etc.):

(b) Who will perform such relocation?

22. Insurance Coverage on Project:

(a) Wrap-up Liability:

1. Limit of Insurance required:
2. Term of Completed Operations coverage required:
3. Deductible Required:

(b) Course of Construction (Builders' Risk):

1. Will the C.O.C. cover the same insured? Yes No
2. What is the policy term?
3. Will the C.O.C. Insurer waive Subrogation against all Contractors and Sub-contractors? Yes No
4. What deductibles apply?

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon this information contained herein. Any misrepresentations or concealment in this application for insurance will render insurance coverage null and void from inception. Please therefore check to make sure all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. I authorize my broker or insurance company to collect, use and disclose any of this personal information including my claims history and credit information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance, underwriting and/or renewing, extending or changing my policies, evaluating claims, detecting and preventing fraud and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf. If there are any changes to the information contained in this application I hereby agree to notify my Insurer of such changes within thirty (30) days of such change. Signing of this application for insurance does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

Signature of Applicant _____ Date: _____

Signature of Applicant _____ Date: _____

Signature of Broker: _____ Date: _____

Brokerage Firm: Legear Pelling Insurance Agencies Ltd.

Broker's Tel. 604.276.2474

Broker's Fax. 604.276.2943