

# Petrela, Winter & Associates

## Insurance Brokers - Bond Consultants

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### WRAP-UP LIABILITY APPLICATION

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**SPECIAL NOTE:** Each construction project presents unique exposures. Detailed information and submission of all documents/plans requested increases our efficiency and results in the most favourable terms.

When available, provide:

- (a) BREAKDOWN OF VALUES for the various structures and types of work;
  - (b) SITE PLAN indicating distance, construction and occupancy of exposures;
  - (c) SCHEDULE OF CONSTRUCTION;
  - (d) SUMMARY and RECOMMENDATIONS from the GEOTECHNICAL REPORT;
  - (e) SCHEDULE indicating BUILD-UP OF CONSTRUCTION VALUES.
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1. Name of Applicant:

2. Address of Applicant:

Postal Code:

3. Name of Project:

4. Address/Location of Project:

5. Full Description of Project:

6. Project Participants (Names):

Owner:

Project/Construction Manager:

General Contractor:

Prime Architectural/Engineering Consultant:

Geotechnical Engineer:

7. Construction Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Policy Term (if different from above): From: \_\_\_\_\_ To: \_\_\_\_\_

8. What is the bid date for this project?

9. By what date do you require a quote?





**APPLICANT'S CONSENT TO THE TRANSMISSION OF THE  
INFORMATION CONTAINED IN THE APPLICATION FORM**

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I hereby authorize Petrela Winter & Associates to transmit the information contained herein to one or more Insurance Companies for the sole purpose of negotiating and obtaining an insurance quote.

Moreover, I authorize Petrela Winter & Associates to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

**DECLARATIONS AND SIGNATURE**

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It is understood and agreed that the completion of this Application does not bind coverage.

Signature of Applicant

Date

Print Name