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# Application

## Environmental Cleanup and Liability Insurance for Premises Municipalities

**Submitting Broker, please complete the following to assist us in processing this submission:**

Name of Brokerage: \_\_\_\_\_  
 Name of Broker Contact: \_\_\_\_\_  
 Brokerage Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 For renewal purposes only: Policy Number: \_\_\_\_\_ ISN (Client's Number): \_\_\_\_\_

1. Name of municipality: \_\_\_\_\_
2. Address of municipal offices: \_\_\_\_\_
3. (a) Current population of municipality: \_\_\_\_\_  
 (b) Gross operating budget: \_\_\_\_\_
4. Principal business and trading activities within the municipality and adjacent areas: \_\_\_\_\_
5. Please confirm which activities within the municipality are to be covered by this insurance (and indicate the population served for each activity). For every activity selected, please complete the relevant section of the application below:
 

<input type="checkbox"/> Activity A – Water Supply	Population Served: _____
<input type="checkbox"/> Activity B – Sanitary Sewers	Population Served: _____
<input type="checkbox"/> Activity C – Storm Sewers	Population Served: _____
<input type="checkbox"/> Activity D – Sewage Treatment Plant	Population Served: _____
<input type="checkbox"/> Activity E – Solid Waste Collection	Population Served: _____
<input type="checkbox"/> Activity F – Solid Waste Disposal	Population Served: _____
<input type="checkbox"/> Activity G – Other (please describe): _____	

**Water Supply (only complete this section if coverage is required for Activity A)**

- (a) Source of water: \_\_\_\_\_
- (b) Type of water treatment: \_\_\_\_\_
- (c) Location of water treatment plant: \_\_\_\_\_
- (d) Method of disposal of sludges and other waste from water treatment plant: \_\_\_\_\_

**Sanitary Sewers/Storm Sewers (only complete this section if coverage is required for Activities B or C)**

- (a) Please indicate the types of sewers involved and approximate length of sewers in each type:
- (i) Storm sewers: \_\_\_\_\_
  - (ii) Sanitary sewers: \_\_\_\_\_
  - (iii) Combined sewers: \_\_\_\_\_
- (b) Number of lift stations incorporated in the sewer systems (a lift station is a point in the sewer system where the wastewater needs to be pumped (lifted) to a higher elevation so that gravity can be used to bring the wastewater to the treatment plant): \_\_\_\_\_
- (c) Is standby power provided for lift stations? YES  NO   
If no, what facilities are available for storage and/or overflow or bypassing of sewage: \_\_\_\_\_  
\_\_\_\_\_
- (d) Are chemicals used on streets for snow melting or any other purposes? YES  NO   
If yes, please list chemicals and quantities used annually: \_\_\_\_\_  
\_\_\_\_\_
- (e) List industries discharging waste other than those from washroom facilities into the municipal sewers:  
\_\_\_\_\_  
\_\_\_\_\_
- (f) Is pre-treatment of industrial waste required by municipal bylaw? YES  NO   
If yes, please provide details of municipal requirements: \_\_\_\_\_  
\_\_\_\_\_

**Sewage Treatment Plant (only complete this section if coverage is required for Activity D)**

- (a) Location of sewage treatment plant: \_\_\_\_\_  
\_\_\_\_\_
- (b) Type, method and degree of treatment provided by sewage treatment plant: \_\_\_\_\_  
\_\_\_\_\_
- (c) Method of disposal of sewage sludges and other waste from sewage treatment plant: \_\_\_\_\_  
\_\_\_\_\_
- (d) Please indicate where all storm and sanitary sewage and other liquid effluents are discharged from municipal facilities into the environment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (e) Do liquid effluent discharges meet the requirements of the regulatory authorities? YES  NO   
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Solid Waste Collection/Disposal (only complete this section if coverage is required for Activities E or F)**

(a) What is the method and frequency of solid waste collection:

(i) By municipal forces Frequency: \_\_\_\_\_

(ii) By others under contract Frequency: \_\_\_\_\_

(b) Quantity and composition of waste collection:

(i) \_\_\_\_\_ tons/year

(ii) \_\_\_\_\_% domestic

(iii) \_\_\_\_\_% commercial

(iv) \_\_\_\_\_% other (please describe): \_\_\_\_\_

(c) Legal address of each waste site to be scheduled: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(d) Who is responsible for operation of solid waste disposal facilities? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(e) Do the solid waste collection and disposal facilities meet the requirements of the regulatory authorities? YES  NO

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

**6. General**

(a) Does the municipality own, operate or have responsibility for any facility which handles or disposes of any toxic, hazardous, radioactive or pathogenic waste? YES  NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

(b) Does the municipality own, operate or have responsibility for any facility the operation of which involves discharges to the atmosphere? YES  NO

If yes, please detail such facilities: \_\_\_\_\_

\_\_\_\_\_

(c) Does the municipality store chemicals, fuels or other materials, the release of which could result in environmental damage? YES  NO

If yes, please complete the following (if the method of storage is by fixed storage tanks, the Supplementary Questionnaire for Storage Tanks (see www.victorinsurance.ca) must be completed):

Type of Chemical or Fuel	Method of Storage	Protection and Inventory Control

(d) Does the municipality use herbicides and/or insecticides? YES  NO

If yes, please advise types of chemicals and how they are applied: \_\_\_\_\_

\_\_\_\_\_

(e) Does the municipality have under direct control electrical equipment containing polychlorinated biphenols (PCBs) or store any PCB contaminated materials? YES  NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

(f) Are all municipal facilities operated in accordance with appropriate provincial and other governmental regulations and requirements? YES  NO

If no, please provide details on facilities in non-compliance and reasons for such non-compliance:

\_\_\_\_\_

\_\_\_\_\_

## 7. Storage Tanks

Does the scheduled location have any above ground or underground storage tanks? YES  NO

If yes, please complete the supplementary questionnaire for storage tanks (see [www.victorinsurance.ca](http://www.victorinsurance.ca)). If the sole pollution exposure for the municipality arises from tank exposures, please ask your insurance broker about Victor's Tank Program.

## 8. Inspections/Risk Management of Covered Locations

(a) Inspection contact (please provide the name and telephone number of the inspection contact for the municipality):

\_\_\_\_\_

(b) During the last five years, has the municipality or a third party conducted an environmental audit or survey of the municipality's Covered Locations or operations? YES  NO

If yes, please provide a copy of the survey.

(c) Does the municipality have an Environmental Safety Committee or any employees vested with specific responsibility for environmental control? YES  NO

If yes, please describe their duties and to whom they report: \_\_\_\_\_

\_\_\_\_\_

(d) Are there any statutes, standards, or other city, provincial or federal regulations relating to the protection of the environment which apply to any location with which the municipality cannot at present comply? YES  NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

## 9. Claims History

(a) Has the municipality during the last five years been prosecuted for contravention of any standard or law relating to the release of a substance into sewers, rivers, sea, air or onto land? YES  NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

(b) Has the municipality had any pollution claims during the last five years? YES  NO

(c) Is the municipality aware of any fact, circumstance or situation which could result in a claim being made against the municipality or any other person/entity for whom coverage is being sought? YES  NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

(d) Have any articles regarding pollution situations connected to your municipality been represented in local newspapers? YES  NO

If yes, please provide details (including newspaper articles): \_\_\_\_\_

\_\_\_\_\_

(e) Are any of the Covered Locations contaminated? YES  NO

If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

**10. In-force and Upcoming Environmental Coverage**

(a) Please confirm if the municipality currently has environmental coverage on a gradual basis or sudden and accidental basis:

Current Environmental Insurance Carrier	Period of Coverage and Type of Coverage (G = Gradual, S&A = Sudden and Accidental)	Policy Limit (also indicate any sublimits)	Deductible	Premium
	Period: _____ Type of coverage: _____			

(b) Has any insurance company denied, cancelled or non-renewed environmental impairment liability coverage to the municipality? YES  NO

If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

(c) What are the limits and deductible required for the upcoming policy term?

Limits required:

- \$500,000/\$1,000,000     
  \$1,000,000/\$1,000,000     
  \$5,000,000/\$5,000,000  
 \$1,000,000/\$2,000,000     
  \$2,000,000/\$2,000,000     
  Other: \_\_\_\_\_

Deductible required:

- \$5,000     
  \$10,000     
  \$25,000     
  \$50,000     
  \$100,000

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

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. (“Victor”) for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers 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.

For more information on Victor’s privacy policy, please contact [privacypolicyinquiries@victorinsurance.com](mailto:privacypolicyinquiries@victorinsurance.com).

**DECLARATIONS AND SIGNATURE**

The undersigned declares that the above statements are accurate and complete and acknowledges the undersigned’s understanding that the Insurers are relying upon the statements in issuance of any quotation, binder or policy related to this Application. Should a policy be issued, this Application and its attachments shall form part of the policy. The undersigned agrees that if information supplied in this Application changes between the date of this Application and the effective date of the policy, the undersigned will provide written notice of such changes immediately to Victor and Victor may withdraw or modify any outstanding quotations or agreement to bind coverage.

Name of Applicant (please print): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_