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Supplementary Questionnaire

Pollution Liability Insurance for Contractors

Please complete this questionnaire for consideration to add contractors' pollution coverage by endorsement to the Environmental Cleanup and Liability Insurance for Premises quote or coverage provided by Victor. If separate, stand-alone contractors' pollution coverage is required, please complete the full application, which can be found on our website at www.victorinsurance.ca.

1. (a) Name of Applicant: _____

(b) Names of Principals: _____

2. How long has the Applicant been in business? _____

3. Is the Applicant a member of any professional organizations or associations? YES NO

If yes, please name: _____

4. Operations Performed/Services Provided: _____

(Please attach a brochure or provide a website address: _____)

5. Has the Applicant's company in the past performed or does it anticipate performing work in the forthcoming year outside of Canada? YES NO

If yes, please provide details: _____

6. Operations and Revenue Profile

Operations	Gross Revenue performed in the last 12 months	Gross Revenue projected for the next 12 months	Projected percentage to be sublet
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%

7. Does the Applicant ask subcontractors to show evidence of environment liability insurance including the Applicant as an Additional Insured? YES NO

8. What are the minimum limits of liability the Applicant requires from subcontractors?
- (a) Commercial General Liability: _____ (b) Automobile: _____
- (c) Environmental Liability: _____ (d) Professional Liability: _____

9. Does the Applicant enter into formal contractual agreements with subcontractors? YES NO
- If yes, does the Applicant include a "hold harmless" clause in the Applicant's favour? YES NO
 (Please submit a copy of the usual contract form.)

10. Does the Applicant enter into written contracts where the Applicant assumes liability? YES NO
- If yes, please attach copies of all insurance requirements and indemnification clauses.

11. Have any claims been previously made against the Applicant or reported under any other contractors' pollution policies? YES NO

If yes, please provide details including (a) the date when the claim was made; (b) the date the incident, giving rise to the claim, took place; (c) the nature of the claim; (d) the amount paid or estimated may be paid; and (e) the current status.

12. General Information

- (a) Does the Applicant or has the Applicant ever operated under a different name? YES NO
- If yes, please provide the name: _____

- (b) Have there been any claims against any of those entities named in (a) above? YES NO
- If yes, please provide details: _____

- (c) Does the Applicant have a written Health and Safety Manual for all employees? YES NO

- (d) Does the Applicant have a written Spill Prevention, Control and Containment Plan? YES NO

- (e) What protocol is in place for the handling, temporary storage and protection from weather of waste materials at a job site?

- (f) Does the Applicant select or recommend storage, landfill or disposal locations for waste materials on behalf of the client? YES NO

- (g) Does the Applicant confirm that the location is licensed to accept the waste materials? YES NO

13. Incidental Transit Information

- (a) Total number of vehicles hauling contaminated materials?

(i) 4,500 kg or less: _____ (ii) over 4,500 kg: _____

- (b) What type of contaminated materials is hauled?

- (c) How is the cargo transported?

Container Bulk Maximum radius of operations? _____ km

(d) How often and for what types of projects does the Applicant assume responsibility for transportation?

(e) How often does the Applicant hire third party transportation companies to haul contaminated materials on the Applicant's behalf?

(f) Does the Applicant have a Vehicle Maintenance Program in place for all vehicles? YES NO

(g) Does the Applicant have an Automobile Safety and Training Program for all employees? YES NO

(h) Does the Applicant obtain annual driver abstracts for all employees operating the Applicant's vehicles? YES NO

(i) Please identify any claims or incidents resulting from transported cargo in the last five years under any policy form:

Completed by (please print): _____

Title/Length of time in this position: _____

Signature: _____ Date: _____