

**GREENWORKS INSURANCE APPLICATION**  
**CONTRACTORS POLLUTION LIABILITY PACKAGE**

**BROKER INFORMATION:**

Name:	Contact:
Email:	Telephone:

Please select product you are applying for:

<input type="checkbox"/>	<b>FULL PACKAGE:</b> (CONTRACTORS' POLLUTION , COMMERCIAL GENERAL LIABILITY and PROFESSIONAL LIABILITY) For professional liability, please contact Premier or refer to our E&O application on the website
<input type="checkbox"/>	<b>CONTRACTOR'S PACKAGE:</b> (CONTRACTORS' POLLUTION and COMMERCIAL GENERAL LIABILITY)
<input type="checkbox"/>	<b>CONTRACTORS' POLLUTION STAND-ALONE</b>

PROPOSED COVERAGE EFFECTIVE DATE: \_\_\_\_\_

**SUBMISSION REQUIREMENTS:**

- Resumes (Statement of Qualifications) of Corporate Officers, Partners and/or Owners and Key Personnel (i.e. project managers)
- Brochures: Note, this applies if no website address can be provided;
- Five years of currently valued loss information for all lines of coverage being requested with details of any losses over \$25,000 (General Liability, Pollution Liability, Professional Liability);

**LEAD, ASBESTOS & MOLD ABATEMENT CONTRACTORS:**

- Certificates of Training

**SECTION A: APPLICANT, GENERAL INFORMATION**

1) Name of Company: (including all subsidiaries and please show the primary/controlling policy holder first)  
 \_\_\_\_\_  
 Canadian Registered Company:  YES  NO                      Year Established: \_\_\_\_\_

2) Address: \_\_\_\_\_  
 City: \_\_\_\_\_                      Province: \_\_\_\_\_                      Postal Code: \_\_\_\_\_

3) Web Site Address: \_\_\_\_\_

4) Branch Office locations: \_\_\_\_\_

5) Number of Employees: \_\_\_\_\_                      6) Years of Experience: \_\_\_\_\_                      7) Are all Employees covered by W.C.B.?  YES  NO

8) Has any insurer ever cancelled, declined, or refused to renew or issue insurance of the type applied for?  YES  NO  
 If YES, please explain: \_\_\_\_\_

9) Have you ever operated under a different name?  YES  NO

10) Are all sub-contractors' employees covered under WCB or any other form of Workers' Comp?  YES  NO

11) a) Do you always use a written contract with clients?  YES  NO  
 b) Has your standard contract with clients been approved by legal counsel?  YES  NO

12) a) Do you require proof of Pollution Liability Insurance from sub-contractors/consultants?  YES  NO  
 If yes, Please list details of insurance requirements: \_\_\_\_\_  
 b) Do you require proof of Commercial General Liability Insurance from sub-contractors/consultants?  YES  NO  
 If yes, Please list details of insurance requirements: \_\_\_\_\_  
 c) Do you ensure any sub-contractors you hire to perform specialized jobs on your behalf are properly qualified / experienced?  YES  NO  
 If yes, Please provide details of what proof is required: \_\_\_\_\_

13) Please list the industry/trade associations that you belong to: \_\_\_\_\_

14) Please confirm which of the following written QC/QA Programs you have in place (and attach a copy):  
 a) Health & Safety Manual  YES  NO  
 b) Emergency Spill Response Plan  YES  NO

15) Do you have any locations or operations and/or plans to operate in the US or abroad?  YES  NO

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**SECTION B: CONTRACTING OPERATIONS**

**Operations by Revenue and Payroll (including sublet):**

<b>Environmental Contracting Operations</b>		<b>Actual Gross Revenue</b> in the past 12 months	<b>Estimated Gross Revenue</b> for the next 12 months	<b>Projected %</b> to be sublet
Hazardous Material Removal / Abatement Work including Emergency Clean-up <i>(Please complete Hazardous Material Abatement and Removal - Supplemental Application)</i>	Asbestos			
	Mould			
	Other: _____			
Tank Installation and Servicing (not including removal of hazardous materials)	UST			
	AST			
Septic Tank Install / Removal				
Restoration Contracting (fire and water) including air quality related operations				
Garbage Reduction and Incineration				
Waste Collection				
Soil and Water Sampling and Testing				
Pesticide, Fertilizer, Herbicide, Fungicide Application				
Water treatment, Recovery and related activity				
<b>Non-Environmental Contracting Operations</b>		<b>Actual Gross Revenue</b> in the past 12 months	<b>Estimated Gross Revenue</b> for the next 12 months	<b>Projected %</b> to be sublet
Wrecking or Demolition				
Excavation				
Boiler Installation				
Highway, Street, and Road Construction				
Road Maintenance, Surfacing, and Repair (includes Driveway Construction, Surfacing, and Repair)				
Sewer, Steam Main, and Water Main Construction and Repair				
Construction including new, repair and renovation				
Landscaping				
HVAC				
Electrical				
Grading of Land (not including excavation)				
Plumbing				
Underground Cable and other utilities				
Carpentry				
Drilling water and other (excluding oil and gas)				
Insulation Contractors				
Transportation (i.e. petrochemical, hazardous material)				
Transportation (Non – hazardous Materials)				
Cleaning Services (Industrial, etc.)				
Industrial Maintenance (Mechanical Contractors)				
Other: explain: _____				
Other: explain: _____				
<b>Consulting Operations</b>		<b>Actual Gross Fees</b> in the past 12 months	<b>Estimated Gross Fees</b> for the next 12 months	<b>Projected %</b> to be sublet
Air Quality Testing				
Hazardous Material Assessment, Remedial Design and Monitoring	Asbestos			
	Mould			
	Other _____			

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Health and Safety Training, OSHA, CCOHS Compliance			
Laboratory Analysis			
Phase I - Environmental Site Assessments			
Phase II - Environmental Site Assessments			
Phase III - Remedial Investigation, Design & Feasibility Studies			
Regulatory Consulting- Permitting & Compliance Audits			
Tank System Design and Testing			
Waste Arranging and Brokering (do not include transportation / hauling fees)			
Building Inspector (non-residential)			
Construction or Project Management			
Land Surveying			
Mechanical Engineering (HVAC, Plumbing, and Electrical)			
Water Management Consultant			
Agrologist			
Water Testing			
Forestry			
Other: explain: _____			
Other: explain: _____			
<b>TOTAL GROSS CONSULTING FEES:</b>			
<b>TOTAL GROSS CONTRACTING REVENUE:</b>			
<b>TOTAL GROSS PAYROLL:</b>			

Client Type	% of Revenue	Client Type	% of Revenue
Industrial (water treatment plants, pipeline, processing plants etc.)		Institutional (hospitals, nursing homes, schools)	
Infrastructure (bridges, roads, landfill etc.)		Commercial (malls, offices, hotels, warehouses, etc.)	
Residential (condos, apartments, homes etc.)		Others: explain	

- Do you perform any work relating to Oil and Gas Industry:  YES  NO  
If YES, please explain: \_\_\_\_\_
- Do you perform any work relating to Mining Industry:  YES  NO  
If YES, please explain: \_\_\_\_\_
- Do you perform work at contaminated sites:  YES  NO  
If YES, please explain: \_\_\_\_\_

**For Demolition/Wrecking Operations:**

- Are pre-blast surveys made prior to blasting operations?  YES  NO
- Do your operations include open fires onsite?  YES  NO
- Do you own a waste disposal, waste storage, or recycling facility?  YES  NO
- Applicable to Asbestos Abatement, do you utilize a "wetting down" technique  YES  NO

**SECTION C: CONTRACTORS' POLLUTION LIABILITY**

- Limit of Liability required:  \$1,000,000  \$2,000,000  \$5,000,000  Other: \$ \_\_\_\_\_
- Deductible required:  \$5,000  \$10,000  \$25,000
- Claims-made form  Occurrence form  (not all applicants will qualify for occurrence)
- Is your existing coverage on a claims-made basis?  YES  NO **We require proof of prior insurance for the complete period.**
- Do you require Mould Coverage  YES  NO  
If YES, please fill in supplemental, see [www.premiergroup.ca](http://www.premiergroup.ca) for a copy or contact your underwriter
- Have you ever carried Contractor's Pollution Insurance including Products & Completed Operations?  YES  NO

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If YES, please provide details below:

INSURER	TERM	RETRO-DATE	LIMIT	DEDUCTIBLE	PREMIUM

- 7) Do you require Non Owned Disposal Site Coverage  YES  NO  
 If YES, a. Estimated number of sites utilized for waste disposal: \_\_\_\_\_  
 b. Are these sites licensed to accept the waste  YES  NO

**CPL SUBMISSION REQUIREMENTS:**

- Copy of standard contract with sub-contractors for review
- Confirmation that certificates of insurance are collected with the following requirements: minimum \$1,000,000 limit, additional insured status, and comparable pollution coverage. Check box to confirm:

**SECTION D: COMMERCIAL GENERAL LIABILITY**

- 1) Are you renewing an existing policy that is already with Premier?  YES  NO  
 If YES, you may skip this section or if you require some changes this year to the coverage, please describe them here:

- 2) Limit of Liability required:  \$1,000,000  \$2,000,000  \$5,000,000  Other: \$ \_\_\_\_\_
- 3) Deductible required:  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000
- 4) NOA- SPF No. 6:  \$1,000,000  \$2,000,000  \$5,000,000  Other: \$ \_\_\_\_\_
- 5) Tenants' Legal Liability:  \$1,000,000  \$2,000,000  \$5,000,000  Other: \$ \_\_\_\_\_
- 6) Medical Expenses:  \$10,000/\$25,000  \$25,000/\$50,000
- 7) Employee Benefits:  \$1,000,000  \$2,000,000  \$5,000,000  Other: \$ \_\_\_\_\_
- 8) Have you ever carried CGL Insurance including Products & Completed Operations?  YES  NO

If YES, please provide details below:

INSURER	TERM	LIMIT	DEDUCTIBLE	PREMIUM

**CGL SUBMISSION REQUIREMENTS**

Confirmation that Certificates of Insurance are collected from subcontractors with the following requirements: minimum \$1,000,000 limit and additional insured status. Check box to confirm:  (applies to subcontracted receipts only)

**CONTRACTORS' EQUIPMENT PROPERTY**

- Do you require Property coverage for your equipment?  YES  NO  
 If yes, please go to [www.premiergroup.ca](http://www.premiergroup.ca) to complete the Contractors' Equipment Property application and send it to Premier

**CLAIMS**

- 1) Have there been any losses in the past 5 years with regards to the lines of coverage you are applying for?  YES  NO  
 If yes, please describe or attach on separate document (date, claimant's name, loss amount, expenses, type of loss, general description, etc.):  
 \_\_\_\_\_
- 2) Have there been any claims against any of the entities you operated previously?  YES  NO  
 If yes, please describe or attach on separate document (date, claimant's name, loss amount, expenses, type of loss, general description, etc.):  
 \_\_\_\_\_
- 3) Are you aware of any circumstances, fact or situation that might result in a claim being made against you or any other person or entity for whom coverage is being sought?  YES  NO  
 If yes, please describe in detail: \_\_\_\_\_
- 4) Has the applicant received any fines, penalties, notice of violations, complaints or enforcement actions regarding compliance in the past 5 years?  YES  NO  
 If yes, please provide details: \_\_\_\_\_

**IT IS AGREED THAT IF THERE IS ANY KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY ARISING FROM IT IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.**

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**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such 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.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

Printed Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [newbizenvironmental@premiergroup.ca](mailto:newbizenvironmental@premiergroup.ca) \*\***

**Vancouver - T 604.669.5211 F 604.669.2667**

**Toronto - T 416.365.0444 F 416.365.0446**

**London - T 519.850.1610 F 519.850.1614**