

**GREENWORKS INSURANCE**

**Hazardous Material(s) Abatement and Removal - Supplemental Application**

**BROKER INFORMATION**

Name:	Contact:	
Address:	City:	Postal Code:
For renewal only, Policy Number:	Applicant:	

**ASBESTOS**

- Do you have a written procedure for handling and/or transporting hazardous material?  YES  NO  
Please describe or attach details: \_\_\_\_\_
- Do you have a written procedure for handling hazardous material(s) release complaints?  YES  NO  
Please describe or attach details: \_\_\_\_\_
- Do you conduct training for labourers and/or subs on hazardous material including asbestos handling and release?  YES  NO  
Do they attend third party courses and/or training?  YES  NO  
Please describe or attach details: \_\_\_\_\_

**MICROBIAL MATTER**

- Do you have a written reporting procedure for water leaks or mould issues at a job site?  YES  NO  
Please describe or attach details: \_\_\_\_\_
- Do you have an established Standard Operating Procedure (SOP) and/or written Quality Assurance Plan / Protocols designed to prevent microbial matter growth and detailing microbial matter inspections or removal/remediation of any microbial matter contamination?  YES  NO  
Please describe or attach details: \_\_\_\_\_
- Do you have a written procedure for handling mould or mould-related complaints?  YES  NO  
Please describe or attach details: \_\_\_\_\_
- Do you perform inspections on building materials upon delivery for pre-existing mould contamination?  YES  NO  
Please describe or attach details: \_\_\_\_\_
- Do you conduct training for labourers and/or subs on microbial matter prevention?  YES  NO  
Do they attend Third Party courses and/or training?  YES  NO  
Please describe or attach details: \_\_\_\_\_

**HAZARDOUS MATERIAL(S)**

- For the past 5 years, are you aware of or do you have reasonable knowledge of any known incidents, claims, other circumstances concerning the existence, growth or presence of microbial matter in any of your previous work, or release of any hazardous material(s)?  YES  NO  
If YES, please describe: \_\_\_\_\_
- Do you have an experienced supervisor with a minimum of five (5) years of hazardous material(s) removal or abatement experience onsite for the "duration" of all projects?  YES  NO  
Please describe or attach details: \_\_\_\_\_
- Do you have written containment procedures for hazardous material(s) abatement / remediation including microbial matter or asbestos?  YES  NO  
Please describe or attach details: \_\_\_\_\_

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12. When using subcontractors, do you obtain written verification that the sub is certified in hazardous material (including microbial matter and/or asbestos) remediation or hazardous material awareness?  YES  NO

Please describe or attach details: \_\_\_\_\_  
\_\_\_\_\_

13. Do you request certificates of insurance verifying insurance coverage for microbial matter and/or asbestos from subcontractors?  YES  NO

Please describe or attach details: \_\_\_\_\_  
\_\_\_\_\_

14. Do your construction/consulting contracts contain any disclaimers or limitation of liability for the existence of any hazardous material including microbial matter and/or asbestos?  YES  NO

Please describe or attach details: \_\_\_\_\_  
\_\_\_\_\_

15. Do you enter into any other legal agreements whereby you contractually assume liability for hazardous material(s) not otherwise imposed by law?  YES  NO

Please describe or attach details: \_\_\_\_\_  
\_\_\_\_\_

16. Do you subcontract the analysis of hazardous material(s) to a third party laboratory?  YES  NO

Please describe or attach details: \_\_\_\_\_  
\_\_\_\_\_

**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.**

Applicant's Name: \_\_\_\_\_ 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) \*\***

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