

APPLICANT, GENERAL INFORMATION

1) Name of Applicant/Company: (including all subsidiaries and please show the primary/controlling policy holder first)

Canadian Registered Company: YES NO

Year Company was Established: _____

2) Address: _____ City: _____ Province: _____ Postal Code: _____

3) Web Site Address: _____

4) Branch Office locations: _____

5) Does the Applicant/Company have any locations or operations in Quebec and/or outside of Canada?

If YES:

a) Quebec? YES NO If YES, please state % of Quebec generated revenue _____ %

b) US? YES NO If YES, please state % of US generated revenue _____ %

c) Foreign? YES NO If YES, please state % of Foreign generated revenue _____ %

6) Total number of personnel: _____

Name	Years in Position	Degree/Qualifications	Years of Professional Experience

7) a) Has the Applicant ever operated under a different name? YES NO

If yes, provide name(s): _____

b) Have there been any claims against these entities? YES NO

If yes, provide details: _____

8) a) Does the Applicant/Company always use a written contract with clients? YES NO

If "NO", please fully describe the terms under which work is accepted: _____

b) Do more than 50% of the Applicant's revenues emanate from any on single client? YES NO

If yes, explain: _____% _____

In addition, please provide a copy of the contract with this customer.

c) Does your contract include disclaimer and limitation of liability? YES NO

d) Contract Value: _____ i.) Average: _____ ii.) Largest: _____

9) Please list the industry/trade associations that the Applicant belongs to: _____

10) Does the Applicant/Company require a signed final acceptance from its customers? YES NO

11) Description of Operations: _____

FEE BREAKDOWN

<u>Consulting Operations</u>		Actual Gross Fees in the past 12 months	Estimated Gross Fees for the next 12 months	Projected % to be sublet
Air Quality Testings		\$	\$	%
Hazardous Material Assessment, Remedial Design and Monitoring	Asbestos	\$	\$	%
	Mould	\$	\$	%
	Other	\$	\$	%
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: _____		\$	\$	%
Total Gross Fees:		\$	\$	%
<u>Client Type</u>			% of Fees	
Industrial (water treatment plants, pipeline, processing plants etc.)			%	
Infrastructure (bridges, roads, landfill etc.)			%	
Commercial (malls, offices, hotels, warehouses, etc.)			%	
Residential (condos, apartments, homes etc.)			%	
Institutional (hospitals, nursing homes, schools)			%	
Real Estate Developers			%	
Others: explain: _____			%	
			100%	

- 12) Does the Applicant/Company require proof of insurance from sub-consultants? YES NO
- 13) Does the Applicant/Company perform any work relating to Oil and Gas Industry: YES NO
 If YES, explain _____
- 14) Does the Applicant/Company perform any work relating to Mining Industry: YES NO
 If YES, explain _____
- 15) Is work performed at contaminated sites: YES NO

If YES, explain _____

16) Does the Applicant/Company or any related company engage in actual construction, erection, installation, manufacturing or fabrication? YES NO

If YES, please provide detailed explanation: _____

17) What is the worst thing that could happen to Applicant's customer's operations if Applicant's products/services were to fail or stop working? _____

18) List five (5) largest jobs in the past 5 years with description of services performed and fees/construction values for each job:

1. _____
2. _____
3. _____
4. _____
5. _____

INSURANCE

19) During the last 3 years, has the Applicant/Company carried Errors and Omissions insurance? YES NO

If YES, please complete the following for all previous Errors and Omissions policies:

INSURER	TERM	RETROACTIVE DATE	LIMIT	DEDUCTIBLE	PREMIUM

20) Has the Applicant/Company carried CGL insurance & including Products & Completed Operations? YES NO

If YES, please complete the following for 3 years of previous CGL policies:

INSURER	TERM	LIMIT	DEDUCTIBLE	PREMIUM

21) Has the Applicant/Company, its partners, directors or officers ever been declined, non-renewed or cancelled by any insurer for an Errors and Omissions and/or Commercial General Liability insurance? YES NO

If YES, please provide full details: _____

CLAIMS

22) Has the Applicant/Company, its partners, directors, officers or employees ever had an order to cease & desist or a written demand or civil proceedings for compensatory damages made against them in past 5 years? YES NO

If YES, please provide an explanation on a separate sheet of paper: such as Date of claim, Claimant's name, Nature of claim, Amount of indemnity payment, Defense costs, Final dispositions or current status of claim.

23) Is the Applicant/Company, its partners, directors, officers or employees aware of any job disputes or fee disputes during the last five (5) years? YES NO

If YES, please describe: _____

24) Is the Applicant/Company, its partners, directors, officers or employees aware of any other fact, situation or circumstance, that may result in a written demand or civil proceedings for compensatory damages? YES NO

If YES, please describe in detail: _____

25) 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: _____

SUBMISSION REQUIREMENTS

The following must be submitted (applies to direct receipts only):

- 1. Copy of standard services contract
- 2. Resumes of Key Personnel
- 3. Brochure or Promotional Materials

The following must be submitted (applies to subcontracting receipts only):

- 1. Copy of standard contract with sub-contractors for review
- 2. 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:

If not, explain: _____

COVERAGE SUMMARY

Date Coverage required: _____ Target Premium: \$ _____

COVERAGE	Deductible	Limit of Coverage	Target Premium
ERRORS & OMISSIONS : <i>claims made form- costs inclusive</i>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$	<input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000	
COMMERCIAL GENERAL LIABILITY : <i>occurrence form</i> -Bodily Injury and Property Damage, Products & Completed Operations, Personal Injury Liability, Medical Payments (\$10,000)			
TENANT LEGAL LIABILITY : <i>Broad form (\$250,000 Incl.)</i>			
SPF6 – STANDARD NON-OWNED AUTOMOBILE : \$1,000,000 Incl.)			
EMPLOYEE BENEFITS LIABILITY (\$1,000,000 incl.)			

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: _____ Position Held: _____
 Applicant's Signature: _____ Date: _____
 Brokerage: _____ Broker Name: _____
 Broker Email: _____ Broker phone: _____

Premier Canada Assurance Managers Group Ltd. Inc. 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 ****

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