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CONTRACTORS ENVIRONMENTAL LIABILITY PROPOSAL FORM

Please read the Important Notes prior to completing this proposal form

1. GENERAL INFORMATION

Named insured _____

Address _____

Telephone _____

Fax _____

Email _____ Website _____

Named insured is a:

Partnership Corporation Joint Venture Other

If other, describe _____

List all other insureds requesting coverage under the policy and describe their relationship with the Named Insured

Other insured	Relationship to named insured

2. INSURANCE PROGRAMME:

(a) **Limit of liability.** Please indicate limit of liability required

Each incident: _____

Aggregate: _____

(b) **Excess.** Please state required options for the each incident excess to be retained by the proposer.

(c) **Has the proposer purchased this type of insurance in the last five (5) years?**

Yes

No

If "yes" please provide details:

3. COVERED OPERATIONS:

(a) Revenues:

Please provide details of annual revenues for the last three years of account and an estimate for the forthcoming year:

Year	Revenue

(b) Schedule of covered operations;

All activities should be detailed in the Covered operations schedule attached to this proposal form. Please complete this in full ensuring monetary values are entered in the 'revenue' column and a percentage in the 'subcontracted' column where applicable.

(c) Offshore:

Please provide details of any covered operations undertaken on offshore rigs, platforms or other permanent structures.

(d) Do you have a written emergency spill response procedure?

Yes No

(e) What levels of insurance do you require subcontractors to carry:

General liability: _____

Contractors environmental / pollution liability: _____

Professional liability _____

f) Do you require a written contract with subcontractors containing hold harmless and indemnification provisions with respect to environmental / pollution incidents prior to them commencing work for you?

Yes No

NOTE

For the purposes of questions 4 a) to d) "you" means the named insured entity and any Director, Officer or Partner thereof.

4. CLAIMS/CIRCUMSTANCES:

(a) Have you in the last five (5) years had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations?

Yes No If "yes" please describe

(b) Have you in the last five (5) years been prosecuted or threatened with prosecution or are you currently being prosecuted for any offense directly or indirectly arising out of a release during any covered operations into any surface water, air, or into land or groundwater?

Yes No If "yes" please describe

(c) List all the claims made against you during the last five (5) years for clean-up, bodily injury, property damage or nuisance, resulting from the release of hazardous substances, hazardous waste or other pollutants from any covered operations into the environment.

(d) At the time of signing this proposal, are you aware of any facts or circumstances which may reasonably be expected to give rise to a claim or claims being asserted against you for clean-up, bodily injury, property damage or nuisance arising from a release of pollutants into the environment or for environmental damage?

Yes No If "yes" please describe

5. DECLARATION

I/we declare that to the best of my/our knowledge and belief the answers given on this proposal whether by me/us or on my/our behalf are complete and true and that I/we have not withheld any material information.

If this proposal has been completed on my/our behalf, I/we agree the person is deemed to be my/our agent and that I/we have read the information provided before signing the form.

I/we confirm that I/we have read and understood the above declaration and the important noted overleaf.

Proposer's Signature

Date

If in company name, state position held _____

The proposal must be signed by a principal, director or partner of the proposed named insured

Covered operations schedule

Covered operation	Revenue (please indicate currency)	Percentage Subcontracted
Environmental operations		
Contaminated soil excavation		
Soil & groundwater sampling		
Soil & groundwater treatment / remediation		
Dredging & marine activities		
Emergency spill response		
Landfill construction		
Landfill liner installation		
Drilling of monitoring wells		
Drilling of potable wells		
Soil / groundwater boring		
UST installation		
UST removal / decommissioning		
Pipeline installation		
Pipeline / sewer / septic maintenance		
Industrial cleaning		
Asbestos / lead abatement		
Mould remediation		
Management of waste treatment / recycling sites		
Landfill management		
Waste collection		
Other (please detail)		
Total environmental		
Non-environmental operations		
Electrical contracting		
HVAC / mechanical contracting		
Water / sewer		
Road construction / maintenance		
Excavation / site grading		
Demolition		
General construction		
Piling / foundation works		
Telecommunications		
Residential construction		
Construction management		
Tunneling		
Roofing / insulation		
Bridge construction / maintenance		
Carpentry		
Flooring		
Facilities management		
Steel erection		
Concrete work		
Brickwork / masonry		
Painting / exterior finishing		
Other (please detail)		
Total non-environmental		
Total all covered operations		

IMPORTANT NOTES

Statement on completion

You must answer all questions correctly and provide all material information. Failure to do so may prejudice you under the policy or the premium that you are requested to pay. Answers such as 'see presentation' or 'see your records' should not be used. If there is insufficient space to answer questions, please use an additional sheet and attach to this form.

If you are unclear as to what is required in response to any question please contact your intermediary.

If there be any material change in, or material addition to, the information given in this proposal form you must notify us writing as soon as practical after you become aware of any such change or addition.

Data Protection

Your information may be disclosed to agents and service providers appointed by us, such as claims handling agents and investigative agents. Your information may also be transferred to any country including countries outside the European Union, for the purpose of administration. We are committed to ensuring that our customers' personal information is protected. All personal information is treated in compliance with the Data Protection Act 1998 and we are registered on the Data Protection Register.

Additional Information:

Please Note:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.