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## ENVIRONMENTAL PROJECT SPECIFIC CONTRACTORS QUESTIONNAIRE

### BROKER INFORMATION

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

### COVERAGE:

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

Limit of Liability required:  \$1,000,000  \$2,000,000  \$5,000,000  Other: \$ \_\_\_\_\_

Deductible required:  \$2,500  \$5,000  \$10,000  \$25,000

Claims-made form  Occurrence form  Mould Coverage:  YES  NO

Non Owned Disposal Site Coverage:  YES  NO

Completed Operations Period:  12 months  24 months

Number of Employees: \_\_\_\_\_ Are all employees covered by W.C.B.?  YES  NO

Expanded Named Insured Definition (Subcontractors, owner, etc.):  YES  NO

Project Start Date: \_\_\_\_\_ Estimated Finish Date: \_\_\_\_\_

### OPERATIONS:

1. Name of Insured: \_\_\_\_\_

Address: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

2. General Contractor/Project Manager: \_\_\_\_\_ # Years of Experience: \_\_\_\_\_

3. Name of Owner: \_\_\_\_\_

4. Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Address of Project: \_\_\_\_\_

6. Oil & Gas Industry:  YES  NO Mining Industry:  YES  NO

7. List of Hazardous Materials Involved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Exposure to or handling of Asbestos:  YES  NO

9. Total Estimated Project or Contract Value: \$ \_\_\_\_\_

10. Construction Type:  Wood  Non Combustible  Fire Resistive  Other: \_\_\_\_\_

11. Underground and/or Excavation Work?  YES  NO Details: \_\_\_\_\_

12. Type of Neighborhood:  Residential  Commercial  Mixed  Other: \_\_\_\_\_

13. Adjacent Structures:

	Occupancy – Commercial / Residential / Industrial / Institutional	Construction Type	Distance
North			ft
East			ft
South			ft
West			ft

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## LIST OF 5 LARGEST PROJECTS IN LAST THREE (3) YEARS:

- 1.) Project Name/Client: \_\_\_\_\_ Project Costs: \_\_\_\_\_  
Description of Project: \_\_\_\_\_
- 2.) Project Name/Client: \_\_\_\_\_ Project Costs: \_\_\_\_\_  
Description of Project: \_\_\_\_\_
- 3.) Project Name/Client: \_\_\_\_\_ Project Costs: \_\_\_\_\_  
Description of Project: \_\_\_\_\_
- 4.) Project Name/Client: \_\_\_\_\_ Project Costs: \_\_\_\_\_  
Description of Project: \_\_\_\_\_
- 5.) Project Name/Client: \_\_\_\_\_ Project Costs: \_\_\_\_\_  
Description of Project: \_\_\_\_\_

5 Years Loss History:

Describe any notable losses:

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: \_\_\_\_\_

## APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to SWG Group ("SWG") for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize SWG Group, its insurers or service providers to:

- Conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- In the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

## DECLARATIONS AND SIGNATURE

The undersigned declares that the above statements are accurate and complete and acknowledges the undersigned's understanding that the Insurers are relying upon the statements in issuance of any quotation, binder or policy related to this Application. Should a policy be issued, this Application and its attachments shall form part of the policy. The undersigned agrees that if information supplied in this Application changes between the date of this Application and the effective date of the policy, the undersigned will provide written notice of such changes immediately to SWG and SWG may withdraw or modify any outstanding quotations or agreement to bind coverage.

Printed Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

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

**PLEASE INCLUDE A COPY OF THE CONTRACT OR TENDER**

**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.