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APPLICATION – ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE

(Gradual or Sudden and Accidental for fixed sites and/or off premises exposures)

CLAIMS MADE COVERAGE

Name of Applicant: (Include all Subsidiary Companies to be covered)

Address of Applicant: _____

Is the Applicant a: Partnership Corporation Joint Venture Other _____

Inspection Contact (*Name of persons*): _____ Position: _____

Phone: _____ Email: _____ Website: _____

1. DOES THE APPLICANT HAVE AN ENVIRONMENTAL SAFETY COMMITTEE OR ANY EMPLOYEES VESTED WITH SPECIFIC RESPONSIBILITY FOR ENVIRONMENTAL CONTROL?

Yes No If Yes, describe their duties and to whom they report:

2. SALES: ESTIMATED (COMING YEAR): \$ _____

LAST FIVE YEARS (Please fill in the year)				
20__	20__	20__	20__	20__
\$	\$	\$	\$	\$

SITE SPECIFIC:

3. LEGAL ADDRESS OF LOCATIONS TO BE SCHEDULED:

NATURE OF OPERATIONS AT EACH LOCATION:

- a) _____
- b) _____
- c) _____
- d) _____

How long has the applicant occupied the above site(s)? a) _____ b) _____ c) _____ d) _____

4. ARE ANY OF THE LOCATIONS TO BE SCHEDULED CONTAMINATED?

Yes No If yes, give details

5. ARE ANY OF THE ABOVE LOCATIONS OCCUPIED BY OTHER THAN THE APPLICANT?

Yes No If yes, please provide full details

6. DESCRIBE THE PAST USES OF THE LOCATION(S), INCLUDING ANY INACTIVE OR CLOSED LANDFILLS OR SURFACE IMPOUNDMENTS:

7. PLEASE LIST QUANTITIES:

(Raw Materials used at locations listed – use separate sheets if necessary)

DESCRIPTION	PER YEAR	ANY ONE TIME	METHOD OF STORAGE
a)			
b)			
c)			
d)			

Please attach **Material Safety Data Sheets** for all hazardous materials.

8. IS THE APPLICANT IN ANY WAY DIRECTLY OR INDIRECTLY INVOLVED WITH ASBESTOS PRODUCTS OR ASBESTOS WASTES?

Yes No If yes please explain:

9. DO ANY OF THE ABOVE LOCATIONS CONTAIN AN OPEN OR CLOSED LANDFILL?

Yes No If yes, a completed landfill questionnaire is required.

10. DO ANY OF THE SCHEDULED LOCATIONS HAVE INCINERATORS?

Yes No If yes, indicate age, height and construction and give details of material incinerated:

Please describe stack abatement equipment _____

11. SEMI-SOLID AND SOLID WASTE DISPOSAL:

a) **On-site** disposal landfill, surface impoundment, deepwell injection, etc.)

COMPOSITION	QTY/YR	DISPOSAL METHOD

b) **Off-site** disposal

COMPOSITION	QTY/YR	DISPOSAL METHOD

c) Transporter information

Name of Waste Hauler:

Type of Refuse Handled:

12. EMISSIONS AND EFFLUENT CONTROL:

a) Describe in-plant waste treatment facilities provided to reduce the concentration of contaminants in the liquid effluent from the location:

b) Describe in-plant equipment provided to control air emissions:

c) Describe in-plant provisions made to recycle, re-use or separate materials from process wastes:

13. HAS THERE BEEN ANY CHANGE IN THE PROCESS DURING THE LAST 5 YEARS THAT HAS ALTERED (LESSENERD OR INCREASED) THE RISK OF POLLUTION LIABILITY?

Yes No If Yes, please give details:

14. ARE THERE ANY STATUTES, STANDARDS, OR OTHER CITY, PROVINCIAL AND FEDERAL REGULATIONS RELATING TO THE PROTECTION OF THE ENVIRONMENT WHICH APPLY TO ANY LOCATION WITH WHICH THE APPLICANT CANNOT AT PRESENT COMPLY?

Yes No If Yes, please give details:

15. EXPOSURE TO SURROUNDING PROPERTY:

a) Please describe the properties immediately adjacent to the location(s) to be covered:

LOCATION	NORTH	SOUTH	EAST	WEST
1)				
2)				
3)				
4)				

b) Are groundwater monitoring wells on site? Yes No If yes please give details:

c) Do monitoring results indicate migration of contaminants off the property boundaries? Yes No If Yes, please give details:

d) Please indicate proximity to any bodies of water:

16. DURING THE LAST FIVE YEARS HAS THE APPLICANT OR ANYONE ELSE CONDUCTED AN ENVIRONMENTAL AUDIT OR SURVEY OF THE APPLICANT’S PREMISES OR OPERATIONS?

Yes No If yes, please indicate:

Date of survey: _____ Done by: _____

Please attach a copy for underwriters.

Does the survey indicate the actual or potential existence or migration of contaminants off of or on to the sites?

Yes No If yes please provide full details:

17. DO ANY OF THE SCHEDULED LOCATIONS HAVE?

Underground tanks Yes No Aboveground storage tanks Yes No

TANK DATA (attach separate tank supplement if necessary)								
LOCATION NO.	AGT OR UGT	CONSTRUCTION STEEL, FIBREGLASS OR OTHER	PRODUCT STORED	CAPACITY	YEAR INSTALLED	CATHODIC PROTECTION	LEAK DETECTION	DOUBLE LINED
	<input type="checkbox"/> AGT <input type="checkbox"/> UGT					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> AGT <input type="checkbox"/> UGT					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> AGT <input type="checkbox"/> UGT					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> AGT <input type="checkbox"/> UGT					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> AGT <input type="checkbox"/> UGT					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> AGT <input type="checkbox"/> UGT					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are any of these tanks known to be leaking? Yes No If yes, please provide full details:

Please indicate method of inventory control:

Are any of the tanks scheduled for replacement or removal within the next 12 months? Yes No

If yes, please provide full details:

NON SITE SPECIFIC:

18. OFF-PREMISES OPERATIONAL EXPOSURES:

Indicate the nature of the operations that occur away from applicant's premises and the related revenue

NATURE OF OFF SITE OPERATIONS	REVENUE

19. DETAILS OF AUTOMOBILE EXPOSURE: (attach separate sheet or fleet schedule if necessary)

NO.	TYPE OF VEHICLE	ATTACHED EQUIPMENT	RADIUS OF OPERATIONS	ANY TRAVEL IN U.S.A.
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach CVOR for all fleets, list of cargos hauled and brief description of driver hiring practices.

20. DETAILS OF AUTOMOBILE INSURANCE:

- a) Primary policy: Limit: \$ _____ Insurer: _____
- b) Excess or umbrella: Limit: \$ _____ Insurer: _____
- c) Is/are the policy(s) subject to an attached machinery exclusion(s)? Yes No
- d) Does the Applicant fuel their fleet from on site fuel tanks? Yes No Location no _____
- e) Does the Applicant maintain a garage facility for maintaining their vehicles? Yes No Location no _____

21. HAS THE APPLICANT DURING THE LAST 5 YEARS BEEN PROSECUTED FOR CONTRAVENTION OF ANY STANDARD OR LAW RELATING TO THE RELEASE FROM A LISTED LOCATION OF A SUBSTANCE INTO SEWERS, RIVERS, SEA, AIR OR ONTO LAND?

Yes No If yes, please give details:

22. HAS THE APPLICANT DURING THE LAST 5 YEARS BEEN PROSECUTED, FINED, PENALIZED OR CLAIMED AGAINST FOR THE RELEASE OR ESCAPE OF A CONTAMINANT ONTO A THIRD PARTY SITE NOT OWNED IN WHOLE OR PART BY THE APPLICANT?

Yes No If yes, please give details:

23. PLEASE DESCRIBE ANY POLLUTION CLAIMS DURING THE LAST 5 YEARS:

(If none, please so state) _____

Attach separate sheet as necessary – indicate total amounts paid and outstanding including expenses

YEAR	DESCRIPTION	PAID	OUTSTANDING	EXPENSES	STATUS

24. AT THE TIME OF SIGNING THIS APPLICATION, IS THE APPLICANT AWARE OF ANY CIRCUMSTANCES WHICH MAY REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM UNDER THIS POLICY?

Yes No If yes, please give details:

25. IS A CANADIAN "POLLUTION PRODUCTS/COMPLETED OPERATIONS" EXTENSION REQUIRED?

Yes No

Supplementary information: (must be completed by the applicant or the insurance broker)

General Liability and Umbrella details

Name of carrier: _____ Limits: _____

Deductible: _____ Policy period: _____

Umbrella carrier: _____ Limits: _____

Are these policies subject to an absolute pollution exclusion with respect to products / completed operations hazards?

Yes No Please attach copies of the pollution exclusions appended to above policies.

26. PREVIOUS ENVIRONMENTAL COVERAGE

Does the applicant currently have environmental coverage Yes No If Yes, with whom? _____

Are renewal terms being offered? Yes No If No, please explain:

Is any part of the previous coverage subject to a retroactive date? Yes No If Yes, please explain:

27. LIMIT REQUESTED: \$ _____

SELF INSURED RETENTION: \$ _____

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. IT IS AGREED THAT THIS FORM TOGETHER WITH ANY ENVIRONMENTAL SITE ASSESSMENTS AND SUPPLEMENTAL INFORMATION ARE MATERIAL TO THE UNDERWRITER AND SHALL BE RELIED UPON FOR THE PURPOSES OF QUOTING COVERAGE AND SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

BROKER NAME: _____

ADDRESS: _____

PHONE NO: _____

FAX NO: _____

EMAIL ADDRESS: _____



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