

**Toronto Office:** 18 King St. E., Suite 300 Toronto, ON M5C 1C4  
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## APPLICATION – CONTRACTORS ENVIRONMENTAL LIABILITY INSURANCE

(Gradual or Sudden and Accidental for 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 person(s)): \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ 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. PLEASE DESCRIBE THE APPLICANTS OPERATIONS:

Sales Estimated (Coming Year): \$ \_\_\_\_\_ Construction Values: \$ \_\_\_\_\_

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

3. DOES THE APPLICANT HAVE A YARD, SHOP OR OTHER OWNED OR LONG TERMED LEASED LOCATION FOR WHICH ENVIRONMENTAL COVERAGE IS REQUIRED?

Yes  No If Yes, please complete the environmental impairment liability application.

4. OFF-PREMISES OPERATIONS:

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

A) NON ENVIRONMENTAL			
GENERAL CONSTRUCTION	REVENUE NEXT 12 MONTHS	REVENUE LAST 12 MONTHS	AMOUNT SUBLET TO OTHERS
Carpentry, plumbing, painting and general contracting and building construction	\$	\$	%
Demolition and dismantling	\$	\$	%
Drilling (specify)	\$	\$	%
Electrical	\$	\$	%
Excavation and grading (non environmental)	\$	\$	%
Home construction developers	\$	\$	%
HVAC and mechanical	\$	\$	%
Industrial cleaners including sewer, septic ,power washers	\$	\$	%
Insulation and water proofing (specify)	\$	\$	%
Logging, prospecting	\$	\$	%
Masonry, concrete	\$	\$	%
Marine construction (land based)	\$	\$	%
Oil well lease operators and well servicing (specify)	\$	\$	%
Operations and maintenance (specify)	\$	\$	%
Herbicide, pesticide, fungicide and fertilizer application	\$	\$	%
Pipeline construction and cleaning	\$	\$	%
Roofing	\$	\$	%
Steel erection and millwright	\$	\$	%
Street, road and sewer construction	\$	\$	%
Other (specify)	\$	\$	%

B) ENVIRONMENTAL			
ENVIRONMENTAL OPERATIONS	REVENUE NEXT 12 MONTHS	REVENUE LAST 12 MONTHS	AMOUNT SUBLET TO OTHERS
Abatement			
Asbestos	\$	\$	%
Mould	\$	\$	%
Lead	\$	\$	%
PCB	\$	\$	%
Other (specify)	\$	\$	%
Barriers, liners and geo textile installations	\$	\$	%
Dredging	\$	\$	%
Emergency response and clean-up	\$	\$	%
Excavation and disposal of contaminated soils	\$	\$	%
Ground and surface water sampling	\$	\$	%
Ground and surface water treatment and recovery	\$	\$	%
Hazard material clean-up	\$	\$	%
Mobile incinerators and shredders	\$	\$	%
In-situ waste treatment (specify)	\$	\$	%
Soil sampling	\$	\$	%
Tank installations			
Removals	\$	\$	%
Testing	\$	\$	%
Waste storage temporary (specify)	\$	\$	%
Other (specify)	\$	\$	%
Other (specify)	\$	\$	%

5. DOES THE APPLICANT:

- Obtain evidence of General Liability Insurance from all sub trades?  Yes  No
- Obtain evidence of Environmental Insurance from all sub trades?  Yes  No
- Obtain evidence of Professional Liability Coverage from all consultants?  Yes  No
- Enter into formal contract with all sub trades?  Yes  No
- Enter into contracts that assumes the liability of others (specify and attach)?  Yes  No

6. DOES THE APPLICANT WORK ON CONTAMINATED SITES?

Yes  No If yes, please describe: \_\_\_\_\_

7. PLEASE PROVIDE DESCRIPTION OF THE TRAINING AND QUALIFICATIONS OF ABATEMENT AND REMEDIATION STAFF:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. PLEASE LIST ASSOCIATION MEMBERSHIPS:

\_\_\_\_\_

\_\_\_\_\_

9. 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.

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

10. 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 Exclusions?  Yes  No
  - d) Does the applicant fuel their fleet from portable fuel tanks?  Yes  No
- If Yes, provide details of tanks and quantities: \_\_\_\_\_

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

Yes  No If Yes, give details:

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12. 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, give details:

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13. 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
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

14. 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, give details:

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15. 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.

16. 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:

\_\_\_\_\_  
\_\_\_\_\_

17. LIMIT REQUESTED: \$ \_\_\_\_\_ SELF INSURED RETENTION \$ \_\_\_\_\_

Does the applicant require:

Gradual and Sudden & Accidental Coverage

Sudden & Accidental (240 hour Aboveground Coverage)

Other Specify \_\_\_\_\_

18. IS COVERAGE REQUIRED FOR A SINGLE PROJECT?

Yes  No If Yes, please complete the project supplement.

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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