

Toronto Office: 18 King St. E., Suite 300 Toronto, ON M5C 1C4
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

HEALTH CARE FACILITIES AND HOSPITALS APPLICATION FOR ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE

CLAIMS MADE COVERAGE

Name of Applicant: _____

Is the Applicant a: Hospital Clinic Nursing Home Hospice
 Chronic Care Facility Other (Specify) _____

Address of Applicant: _____

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. DURING THE LAST 5 YEARS, HAS THE APPLICANT OR A THIRD PARTY CONDUCTED AN ENVIRONMENTAL ASSESSMENT OR SURVEY?

Yes No If Yes, please provide copy of any recommendations made and confirm they have been complied with.

If otherwise, please explain:

3. PLEASE FILL OUT THE FOLLOWING CHART WITH THE INFORMATION FOR EACH LOCATION

ADDRESS	OPERATIONS	YEARS OCCUPIED	NUMBER OF BEDS	NUMBER OF OUT-PATIENT VISITS	NUMBER OF STAFF	GROSS OPERATING BUDGET
a)						\$
b)						\$
c)						\$
d)						\$
e)						\$
f)						\$

4. HAS THERE BEEN ANY CHANGE IN OPERATIONS DURING THE LAST YEAR THAT HAS EITHER LESSENERED OR INCREASED THE RISK OF A POLLUTION EVENT?

Yes No If Yes, please provide details: _____

5. ARE THERE ANY STATUTES, STANDARDS, OR PROVINCIAL REGULATIONS RELATING TO THE PROTECTION OF THE ENVIRONMENT WHICH APPLY TO ANY OPERATIONS WITH WHICH THE APPLICANT CANNOT AT PRESENT COMPLY?

Yes No If Yes, please provide details: _____

6. DOES THE APPLICANT STORE CHEMICALS, FUELS, OR OTHER MATERIALS, THE RELEASE OF WHICH COULD RESULT IN ENVIRONMENTAL DAMAGE?

Yes No If Yes, complete the following (except for underground tanks for which the attached supplement must be completed):

TYPE OF CHEMICAL OR FUEL	METHOD OF STORAGE	PROTECTION & INVENTORY CONTROL

7. DOES THE APPLICANT HAVE DIRECT CONTROL, ELECTRICAL EQUIPMENT CONTAINING POLYCHLORINATED BIPHENOLS (PCBS) OR STORE ANY PCB CONTAMINATED MATERIALS?

Yes No If Yes, please provide details:

8. DOES THE APPLICANT OPERATE OR HAVE RESPONSIBILITY FOR ANY FACILITY WHICH HANDLES OR DISPOSES OF ANY TOXIC, HAZARDOUS, RADIOACTIVE OR PATHOGENIC WASTE?

Yes No If Yes, please explain:

9. DOES THE APPLICANT OWN, OPERATE OR HAVE RESPONSIBILITY FOR ANY INCINERATORS OR FACILITIES, THE OPERATION OF WHICH, INVOLVES DISCHARGES TO THE ATMOSPHERE?

Yes No If Yes, please provide details such facilities (with respect to incinerators indicate age and material incinerated):

10. ARE ANY OF THE COVERED LOCATIONS KNOWN TO CONTAIN MOULD OR ASBESTOS CONTAINING MATERIALS?

Yes No If Yes, please describe:

11. OFF SITE DISPOSAL – WHAT DISPOSAL IS DONE OFF-SITE? (away from any of the Covered Locations)

COMPOSITION OF WASTE	ON-SITE STORAGE METHOD (PRIOR TO TRANSPORTING TO OFF-SITE PREMISES)	LENGTH OF STORAGE AT COVERED LOCATION	QUANTITY PER YEAR	DISPOSAL FACILITY NAME AND LOCATION

12. TRANSPORTATION INFORMATION:

NAME OF WASTE HANDLER	TYPE OF WASTE HANDLED	IS ANY WASTE TRANSPORTED TO THE UNITED STATES?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

13. DOES THE APPLICANT REQUIRE ENVIRONMENTAL IMPAIRMENT LIABILITY COVERAGE FOR ANY OFF-PREMISES OPERATIONAL EXPOSURES?

Yes No If Yes, please provide a description of the Applicant's off-premises operations:

14. HAS ANY INSURANCE COMPANY DENIED, CANCELLED OR NON-RENEWED ENVIRONMENTAL IMPAIRMENT LIABILITY COVERAGE TO THE APPLICANT?

Yes No If Yes, please provide details:

15. DURING THE PAST 5 YEARS HAS THE APPLICANT HAD ANY POLLUTION CLAIMS?

Yes No If Yes, give details: (attach separate sheet if necessary)

YEAR	CAUSE	PAID	EXPENSE	OUTSTANDING	TOTAL INCURRED
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

16. 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 COVERAGE?

Yes No If Yes, please explain:

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

Yes No If Yes, please provide details:

18. ARE ANY OF THE COVERED LOCATIONS CONTAMINATED?

Yes No If Yes, please provide details:

19. WHAT LIMIT OF LIABILITY IS REQUIRED?

1,000,000 2,000,000 3,000,000 4,000,000 5,000,000

What Self Insured retention is desired? 5,000 10,000 25,000

Other _____

UNDERGROUND TANKS:

Please note that to qualify for coverage of the underground tank exposures, you must complete the Tank Supplement attached.

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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TANK SUPPLEMENT (Please complete separate supplement for each scheduled location)					
	1	2	3	4	5
Tank #					
Underground (UST)/Aboveground (AST)					
Install Date Year					
Capacity (Gallons)					
Contents					
Tank Construction Double walled (DW)/ Single walled (SW)					
Tank Construction Material					
Overfill/Spill Protection					
Tank Leak Detection					
AST Diking & Base Construction					
Piping Construction Double walled (DW)/ Single walled (SW)					
Piping Construction Material					
Piping Leak Detection					
CONTENTS	TANK CONSTRUCTION/ MATERIAL	OVERFILL/SPILL PROTECTION	AST DIKING & BASE CONSTRUCTION		
UG. Unleaded Gasoline EG. Gasohol D. Diesel K. Kerosene WO. Waste Oil/ Used Oil FO. Fuel Oil G. Generic Gasoline AM. Ammonia compound CL. Chlorine compound HAZ. Haz. Substance (CERCLA) V. Grades 5&6 bunker 'C' oils W. Petroleum-base additive X. Misc. petroleum-base Z. Other, Identify	S. Steel F. Fiberglass FRP. FRP Clad Steel C. Concrete PE. Polyethylene CPSA. Cathodic Protection Sacrificial Anode CPIC. Cathodic Protection Impressed Current DWDM. Double Walled (DW) Dual Material DWSL. (DW) Synthetic Liner in Tank Construction DW. (DW) Pipeless UST with Secondary Containment	BC. Ball Check Valve SC. Spill Containment Bucket SO. Flow Shut-off TT. Tight Fill AL. Level Gauges, High Level Alarms OT. Other TSSA/EPA/Other Approved Protection Method NO. None TANK LEAK DETECTION GMW. Groundwater MonitoringWells IM. Interstitial Monitoring VIS. Visual Inspections of OTHER. Other TSSA/EPA/Other Approved INTS. Interstitial Space- Double Walled Tank MAN. Manual Tank Gauging – UST STAT. Statistical Inventory Reconciliation (SIR)(USTs) AUTOTG. Automatic Tank Gauging System (USTs) IMAST. Interstitial Monitoring of AST Tank Bottom TT. Annual Tightness Test with Inventory (USTs)	K. Concrete, Synthetic Material clays Z. Dirt/Earth NO. None PIPING CONSTRUCTION/MATERIAL S. Steel FBR. Fiberglass SM. Approved Synthetic Material EPC. External Protective Coating impressed current PIPING LEAK DETECTION G. Electronic Line Leak Detector with Flow Shutoff J. Interstitial Monitoring - Piping Filter EM. External Monitoring H. Mechanical Line Leak Detector K. Interstitial Monitoring of double wall piping V. Suction Pump Check Valve NO. None		