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MUNICIPALITIES APPLICATION FOR ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE

CLAIMS MADE COVERAGE

Name of Applicant: _____

Address of Applicant: _____

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

Phone: _____ Email: _____ Website: _____

1. HAS THE APPLICANT OR A THIRD PARTY CONDUCTED AN ENVIRONMENTAL ASSESSMENT OR SURVEY IN THE PAST 5 YEARS?

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

If otherwise, please explain:

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

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

3. POPULATION OF MUNICIPALITY: _____

GROSS OPERATING BUDGET: _____

4. PRINCIPAL BUSINESS AND TRADING ACTIVITIES WITHIN THE MUNICIPALITY AND ADJACENT AREAS:

5. MUNICIPAL ACTIVITIES TO BE COVERED BY THIS INSURANCE:

MUNICIPAL ACTIVITIES	POPULATION SERVED	MUNICIPAL ACTIVITIES	POPULATION SERVED
WATER SUPPLY		SOLID WASTE COLLECTION	
SANITARY SEWERS		SOLID WASTE DISPOSAL	
STORM SEWERS		OTHER: _____	
SEWAGE TREATMENT PLANT			

(To provide additional information on water, waste water and solid waste exposures, use related utilities and landfill questionnaires).

WATER SUPPLY:

Source of water: _____

Type of water treatment: _____

Location of water treatment plant: _____

Method of disposal of sludges and other wastes from water treatment plant:

SEWAGE & DRAINAGE:

Indicate types of sewer involved and approximate length of each type of sewer:

Storm sewers: _____

Sanitary sewers: _____

Combined sewers: _____

Number of lift stations: _____

Is standby power provided for lift stations? Yes No

If No, what facilities are available for storage and/or overflow or bypassing of sewage?

INDUSTRIAL WASTES:

List industries discharging wastes, other than those from washroom facilities, into the municipal sewers: _____

Is pre-treatment of industrial wastes required by municipal bylaw? Yes No

If Yes, provide details of municipal requirements:

WATER POLLUTION:

Location of water pollution control facilities:

Type, method and degree of treatment provided by water pollution control facilities:

Method of disposal of sewage sludges and other wastes from pollution control:

LIQUID EFFLUENT DISCHARGES:

Indicate where all storm and sanitary sewage and other liquid effluents are discharged from municipal facilities into the environment: _____

Total number of outfalls? _____

Do liquid effluent discharges meet the requirements of the regulatory authorities? Yes No If No, please explain:

SOLID WASTE DISPOSAL:

What is method and frequency of solid waste collection?

	Method	Frequency
By municipal forces: _____		_____
By others under contract: _____		_____

Quantity and composition of waste collection

Domestic: _____% Commercial: _____%

Other: _____% Describe: _____

LEGAL ADDRESS OF EACH WASTE SITE TO BE SCHEDULED:

LIST ALL LANDFILLS OPEN OR CLOSED AND INDICATE IF CLOSED	TYPE OF FACILITY	OPERATED BY
a)		
b)		
c)		
d)		

Please provide full details of any recycling, sorting or transfer stations owned and /or operated by the applicant:

Do the solid waste collection and disposal facilities meet the requirements of the regulatory authorities?

Yes No If No, please explain:

Are chemicals used on streets for snow melting or any other purposes?

Yes No If Yes, list chemicals and quantities used annually:

Describe storage facilities (works yards, salt domes etc.):

GENERAL:

6. DOES THE APPLICANT OWN, 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: _____

7. DOES THE APPLICANT OWN, OPERATE OR HAVE RESPONSIBILITY FOR ANY FACILITY THE OPERATION OF WHICH INVOLVES DISCHARGES INTO THE ATMOSPHERE?

Yes No If Yes, please provide details such facilities:

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

(Please include arenas, pools or other sources of toxic materials)

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

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

9. DOES THE APPLICANT USE HERBICIDES AND/OR INSECTICIDES?

Yes No If Yes, please advise types of chemicals and how applied:

10. DOES THE APPLICANT HAVE UNDER THEIR DIRECT CONTROL ELECTRICAL EQUIPMENT CONTAINING POLYCHLORINATED BIPHENOLS (PCB'S) OR STORE ANY PCB CONTAMINATED MATERIALS?

Yes No If Yes, please provide details:

11. ARE ALL MUNICIPAL FACILITIES OPERATED IN ACCORDANCE WITH APPROPRIATE PROVINCIAL AND OTHER GOVERNMENTAL REGULATIONS AND REQUIREMENTS:

Yes No If No, detail facilities in non-compliance and reasons for such non-compliance:

RECORD:

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

Yes No If Yes, please provide details:

13. HAS THE APPLICANT BEEN SUBJECT OF ENVIRONMENTALLY RELATED COMPLAINTS?

Yes No If Yes, please explain:

14. IS THE APPLICANT INVOLVED IN ANY ZONING, EXPROPRIATION OR EMINENT DOMAIN DISPUTES AS A DIRECT RESULT OF ENVIRONMENTAL MATTERS SUCH AS THE EXPANSION OF LANDFILL SITES OR OTHER WASTE FACILITIES?

Yes No If Yes, please explain:

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

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:

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		