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ENVIRONMENTAL IMPAIRMENT LIABILITY POLLUTION INCIDENT LIABILITY RENEWAL SURVEY

Named Insured/Policy Number: _____

1. PLEASE LIST ANY ADDITIONS/DELETIONS/CHANGES TO THE NAMED INSURED OR LOCATIONS SINCE POLICY INCEPTION:

2. ESTIMATED REVENUE EXPIRING TERM: \$ _____
UPCOMING POLICY TERM: \$ _____

3. NUMBER OF VEHICLES:

Heavy: _____ Tankers: _____ Trailers: _____

4. HAVE ANY MATERIAL CHANGES OCCURRED SINCE THE INCEPTION OF THE POLICY UP TO AND INCLUDING TODAY'S DATE THAT THE INSURER SHOULD BE AWARE OF?

5. AT THE TIME OF REQUESTING RENEWAL, IS THE APPLICANT AWARE OF ANY CIRCUMSTANCES OR CONDITIONS WHICH MAY REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM UNDER THIS POLICY? Yes No If Yes, please provide detail:

6. HAS ANY LEGAL ACTION BEEN COMMENCED AND/OR IS THE INSURED AWARE OF ANY PENDING LITIGATION RELATING TO THE INSUREDS OPERATIONS AND IN CONNECTION WITH ENVIRONMENTAL IMPAIRMENT? Yes No If Yes, please provide detail:

7. HAS THE APPLICANT BEEN PROSECUTED, FINED, PENALIZED OR CLAIMED AGAINST FOR ANY ENVIRONMENTAL IMPAIRMENT LIABILITY INCIDENT SINCE THE INCEPTION OF THE ORIGINAL POLICY? Yes No If Yes, please provide detail:

8. HAVE ANY OF THE LOCATIONS EVER BEEN CONTAMINATED OR ARE ANY CURRENTLY CONTAMINATED? Yes No If Yes, please provide detail:

9. DOES THE INSURED PLAN TO REMOVE OR DO ANY WORK TO THE TANKS ON THE PREMISES IN THE NEXT 12 MONTHS? Yes No If Yes, please provide detail:

10. HAVE ANY REPAIRS OR UPGRADES (INCLUDING RELINING/COATINGS) BEEN PERFORMED FOR ANY TANK AT ANY LOCATION SINCE THE INCEPTION OF THE ORIGINAL SUM POLICY? Yes No If Yes, please provide detail:

11. HAVE THE TANK TESTING/ MONITORING PRACTICES CHANGED SINCE THE INCEPTION OF THE ORIGINAL POLICY? Yes No If Yes, please provide detail:

12. AT THE TIME OF SIGNING THIS RENEWAL APPLICATION, DO ALL TANK SYSTEMS COMPLY, AT A MINIMUM, WITH THE TSSA OR EQUIVALENT PROVINCIAL REQUIREMENTS REGARDING AGE, CONSTRUCTION, OVERFILL/SPILL PROTECTION AND LEAK DETECTION FOR TANKS, PIPING, AND DISPENSING SYSTEMS. Yes No If Yes, please provide detail:

13. HAVE TANK AND OR LINE INTEGRITY TESTS BEEN COMPLETED SINCE THE INCEPTION OF THE EXPIRING POLICY? Yes No

If **Yes**, please attach copies of test results to this renewal app for each tank/line.

If **No**, please attach the last available test results and indicate when the next tests have been scheduled

14. TANK INFORMATION:

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 detail:

15. PLEASE 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	\$	\$	%
Operations and maintenance (specify) _____	\$	\$	%
Herbicide, pesticide, fungicide and fertilizer	\$	\$	%
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	\$	\$	%
Dredging	\$	\$	%
Emergency response and clean-up	\$	\$	%
Excavation and disposal of	\$	\$	%
Ground and surface water sampling	\$	\$	%
Ground and surface water treatment and recovery	\$	\$	%
Hazardous material clean-up	\$	\$	%
Mobile incinerators and shredders	\$	\$	%
On-site waste treatment (specify) : _____	\$	\$	%
Soil sampling	\$	\$	%
TANK INSTALLATIONS			
Removals	\$	\$	%
Testing (tanks)	\$	\$	%
Waste storage temporary (specify)	\$	\$	%
Other (specify)_____	\$	\$	%
Other (specify)_____	\$	\$	%

16. AT THE TIME OF THE SIGNING OF THIS APPLICATION, IS THE APPLICANT AWARE OF ANY FACTS OR CIRCUMSTANCES WHICH MAY REASONABLY BE EXPECTED TO RESULT IN A CLAIM OR CLAIMS BEING ASSERTED AGAINST THE APPLICANT FOR ENVIRONMENTAL CLEANUP OR RESPONSE, OR FOR BODILY INJURY OR PROPERTY DAMAGE ARISING FROM THE RELEASE OF POLLUTANTS INTO THE ENVIRONMENT? Yes No If Yes, please provide explanation:

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 UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signed: _____

Dated: _____

Authorized representation of the Named Insured



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