



SITE POLLUTION LIABILITY APPLICATION FORM

1 – Insureds' Details

A. Named Insureds;

A. First Named Insured.....
.....

B. List all other Named Insureds requesting coverage under the policy and describe their relationship with the First Named Insured;

| Named Insured | Relationship to the First Named Insured |
|---------------|---|
| | |
| | |
| | |

B. First Named Insured's Mailing Address

.....
.....
.....

C. Telephone

D. Email Address.....

E. First Named Insured is:

| | | | | | |
|---------------|--------------------------|-------------|--------------------------|-----------------|--------------------------|
| Sole Trader | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Limited Company | <input type="checkbox"/> |
| Joint Venture | <input type="checkbox"/> | Corporation | <input type="checkbox"/> | Other (Specify) | <input type="checkbox"/> |



F. Overview of the business activities and processes for all Named Insureds;

.....
.....
.....

G. How long have you been in business performing these activities? If less than 5 years, please advise what experience management has of this area of work i.e. at prior employers etc.;

.....
.....
.....

2 – Limits Required

A. **Currency:** _____

B. **Limit of Liability:**

Indicate limit option(s) requested

Each Incident Limit _____

Policy Aggregate Limit _____

C. **Deductible**

Indicate deductible option(s) requested _____

D. Have you purchased this type of insurance in the last five (5) years? If yes, please provide details and retroactive date to apply.

Yes No

Retroactive date _____



3 – Insured Sites

Please list the sites for which cover is required.

| Address | Date insured began operations at site | Operations at site | Prior land use | Surrounding land use |
|---------|---------------------------------------|--------------------|----------------|----------------------|
| | | | | |
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| | | | | |
| | | | | |
| | | | | |

A. Are any of the above sites within 250 meters of a watercourse, conservation area or other protected area?

Yes No If yes, please give details and attach additional documents or sheets if necessary

B. **Environmental Management**

Do you have a formal Environmental Management System which conforms to ISO 14001 applicable to all sites?

Yes No

If not applicable to all sites, please specify which are subject to an Environmental Management System.



C. **Spill Response**

Do you have processes/plans in place and equipment on site to respond to any spills or leaks?

Yes No

D. **Site contamination**

For the above sites:

- i. Are any remediation works currently ongoing or planned at any of these sites? **Yes No**
- ii. Are you aware of any prior contamination or remediation (even if this pre-dates your occupation of the site)? **Yes No**

If yes to either of the above, please give details and attach additional documents or sheets if necessary

E. **Storage:**

- i. Are all areas of petroleum, hydrocarbon, chemical or other storage in drums, IBCs or totes subject to impermeable containment? **Yes No**
- ii. Do all site drains lead to a closed loop system with oil/water interceptors? **Yes No**

F.

- iii. Are there any Aboveground Storage Tanks present at any site **Yes No**
- iv. Are there any Underground Storage Tanks present at any site: **Yes No**

If yes to either of the above, please complete the appropriate attached **Tank and Piping Supplements**



4 – Claims / Circumstances

For the purpose of questions “you” means all Named Insureds and any director, officer or partner thereof.

- I. Have you in the last five (5) years:
- i. Had any reportable releases or spills of hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations? or
 - ii. Been in breach of/non-compliance with any environmental license or permit issued to you?

Yes No

If yes, please describe and provide further documentation where possible

- II. Have you in the last five (5) years been prosecuted or threatened with prosecutions or are you currently being prosecuted for any offence directly or indirectly arising out of a release of pollutants into any surface water, air or into land or groundwater?

Yes No

If yes, please describe and provide further documentation where possible

- III. List all the claims made against you during the last five (5) years for clean-up costs, bodily injury or property damage, resulting from the release of hazardous substances, hazardous waste or other pollutants



IV. At the time of signing this application, are you aware of any facts or circumstances which may reasonably be expected to give rise to a claim or claims being asserted against you for clean-up costs, bodily injury or property damage arising from a release of pollutants?

Yes **No**

If yes, please describe

5 – Declaration

I/we declare that the best of my/our knowledge and belief the answers given on this application whether by me/us or on my/our behalf are complete and true and that I/we have not withheld any material information.

If this application has been completed on my/our behalf, I/we agree in person is deemed to be my/our agent and not an agent for the Insurer and I/we have read the information provided before signing the form.

Date _____ Signature of Applicant _____

If Company name; state position held _____

This application must be signed by a principal, director or partner of the First Named Insured.



Aboveground Storage Tank Supplement

1. All tanks requiring coverage must be located at an insured site listed in the Site Pollution section above and corresponding number entered in the table
2. For all tanks please complete details of the associated piping on the following page

Aboveground Tanks

| Tank | Insured site number | Age of Tank | Contents | Capacity | Single / Double Walled | Construction Material (see key below) | Is there secondary containment* which meets the criteria below? | Is the tank on an impermeable surface which drains to a sealed system with oil/water interceptor? | Is the tank protected from vehicle impact? | Is the tank pressure/integrity tested at least every two years? |
|------|---------------------|-------------|----------|----------|------------------------|---------------------------------------|---|---|--|---|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |

| Construction Material | |
|-------------------------------------|-----|
| Steel | S |
| Fiberglass Reinforced Plastic (FRP) | F |
| ThermoPlastic | P |
| Polyethylene | POL |
| Other – Please Specify | |

Please note that **secondary containment / diking must have floor and walls which are impermeable to oil and water and be large enough to contain at least 110% of tank volume for a single tank or 25% of volume if multiple tanks are in a single dike. If multiple tanks share the same containment, please annotate above.*

Secondary containment must be subject to regular (at least weekly) visual inspection and maintenance to identify any leaked product, structural faults and to remove any accumulated rainwater/snow



Aboveground Storage Tank Supplement (cont.)

Aboveground Piping

| Tank number associated with: | Is any piping underground? <i>If yes, complete underground piping information section on following pages</i> | Age of Piping | Piping Construction Material (see key below) | Single/Double Walled | For steel piping, is there cathodic corrosion protection for piping which is tested at least annually? | Is the piping pressure/integrity tested at least every two years? |
|------------------------------|--|---------------|--|----------------------|--|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

| Construction Material | |
|-------------------------------------|-----|
| Steel | S |
| Fiberglass Reinforced Plastic (FRP) | F |
| ThermoPlastic | P |
| Polyethylene | POL |
| Other – Please Specify | |



Underground Storage Tank Supplement

1. All tanks requiring coverage must be located at an insured site listed in the Site Pollution section above
2. For all tanks please complete details of the associated piping on the following page

Underground Tanks

| Tank | Insured site number | Age of Tank | Contents | Capacity | Single / Double Walled | Construction Material (see key below) | Is there leak detection* which meets the criteria below? | How often is the tank pressure/integrity tested? | For steel tanks, is there cathodic corrosion protection which is tested at least annually? |
|------|---------------------|-------------|----------|----------|------------------------|---------------------------------------|--|--|--|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

| Construction Material | |
|-------------------------------------|-----|
| Steel | S |
| Fiberglass Reinforced Plastic (FRP) | F |
| ThermoPlastic | P |
| Polyethylene | POL |
| Other – Please Specify | |

Please note to answer “yes”, **leak detection must comprise either automatic tank gauging or a continuous in-tank leak detection system*



Underground Storage Tank Supplement (cont.)

Underground Piping Information

| Tank associated with: | Age of Piping | Single / Double walled | Piping Construction Material | Is there leak detection* which meets the criteria below? | How often is the piping pressure/integrity tested? | For steel piping, is there cathodic corrosion protection which is tested at least annually? |
|-----------------------|---------------|------------------------|------------------------------|--|--|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

| Construction Material | |
|-------------------------------------|-----|
| Steel | S |
| Fiberglass Reinforced Plastic (FRP) | F |
| ThermoPlastic | P |
| Polyethylene | POL |
| Other – Please Specify | |

Please note to answer "yes", **leak detection must comprise either automatic tank gauging or a continuous in-tank leak detection system which also includes monitoring of associated piping.*