



Contractors and
Construction Professionals

Vailo Insurance Services Ltd

Suite 430 – 250 Newport Drive, Port Moody, BC V3H 5H1

Phone: 604.829.3811
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# **Pollution Liability Application**

	Copies of the following must be enclosed with this application:						
	( a ) resumes / Cvs of principals, partners and senior staff members						
	( b ) brochures and/or promotional literature of website address						
1. (a) Name of Applicant(s):							
	(b) Mailing Address:						
	(c) Website Address:						
	(d) Date Established (Month/Day/Year):						
	(e) Applicant is: ☐ Individual ☐ Partnership ☐ Corporation						
	(f) Location(s) of branch office(s):						
2.	(a) Limit of Liability required:	□ \$1,000,000	□ \$2,000,000 □	\$5,000,000 🗆 0	Other:		
(b) Deductible: ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ Other:							
3.	(a) Number of Employees:	Canada:	USA:	Other:			
4.	Please indicate professional soc	ciety memberships	:				



#### 5. Operations and Revenue Profile

Environmental Operations	Gross Revenue <u>performed</u> in the last 12 months	Gross Revenue <u>projected</u> for the next 12 months	Projected percentage to be sublet
Abatement: Asbestos/Lead	\$	\$	%
Abatement: Mould	\$	\$	%
Barrier/Liner Contractors	\$	\$	%
Dredging	\$	\$	%
Emergency Haz Material Cleanup	\$	\$	%
Groundwater Sampling	\$	\$	%
Groundwater Treatment and Recovery	\$	\$	%
Haz Material Cleanup, Soil Excavation	\$	\$	%
Hydrocarbon or Chemical Recycling/ Recovery	\$	\$	%
Mobile Incinerators	\$	\$	%
On-site Haz Waste Treatment	\$	\$	%
PCB Oil/Equipment Retrofill and Removal	\$	\$	%
Soil Sampling	\$	\$	%
Tank Removal/Installation	\$	\$	%
Waste Storage	\$	\$	%
Other (explain)	\$	\$	%

Non-Environmental Operations	Gross Revenue <u>performed</u> in the last 12 months	Gross Revenue <u>projected</u> for the next 12 months	Projected percentage to be sublet
Carpentry	\$	\$	%
Construction Management	\$	\$	%
Demolition/Dismantling	\$	\$	%
Drilling	\$	\$	%
Electrical	\$	\$	%
Excavation (Non Haz)/Grading	\$	\$	%
General Contracting	\$	\$	%
Home Builders, Developers	\$	\$	%
HVAC/Mechanical	\$	\$	%
Industrial Cleaners (incl. Sewer/Septic	\$	\$	%

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#### 5. Operations and Revenue Profile

Non-Environmental Operations	Gross Revenue <u>performed</u> in the last 12 months	Gross Revenue <u>projected</u> for the next 12 months	Projected percentage to be sublet
Insulation	\$	\$	%
Logging	\$	\$	%
Masonry/Concrete	\$	\$	%
Marine	\$	\$	%
Oil Lease	\$	\$	%
Operations and Maintenance	\$	\$	%
Painting	\$	\$	%
Pesticide, Herbicide, Fungicide, Fertilizer application	\$	\$	%
Pipeline Construction/Cleaners	\$	\$	%
Plumbing	\$	\$	%
Roofing	\$	\$	%
Steel Erection	\$	\$	%
Street and Road Construction	\$	\$	%
Other (explain)	\$	\$	%

6.	Please provide a percentage of total revenue by client type (total should equal 100%):	
	Industrial (water treatment plants, pipeline, processing plants, etc.):	%
	Infrastructure (bridges, roads, landfill, etc.):	%
	Residential (condos, apartments, homes, etc.):	%
	Institutional/Public (hospitals, nursing homes, schools, hotels, etc.):	%
	Commercial (malls, offices, warehouses, etc.):	%
	Other, please list:	%
	Total	%

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	Type of Service		Country		% 0	% of Revenue	
	Type of octivities		Country		70 0	ricvenue	
7.	List the company's five largest cust	tomers and provide a c	description of	the products/services	provided (in	cluding contract value):	
	Customer Name Services Provided			Project Value		Fees Earned	
8. Does the applicant operate under a written contract?					e Time		
9.	9. Does the Applicant require every subcontractor to carry their own Insurance? ☐ Yes ☐ No						
10.	(a) Does the Applicant have a written Health and Safety Manual for all employees?						
	(b) Does the Applicant have a written Spill Prevention, Control and Containment Plan?						
	(c) What protocol is in place for the handling, temporary storage and protection from weather of waste materials at a job site?						
	(d) Does the Applicant select or recommend storage, landfill or disposal locations for waste materials on behalf of the client?   Yes  No						



11.	Incidental Transit Information							
	(a) Total number of vehicles hauling contan	(a) Total number of vehicles hauling contaminated materials?						
	(i) 4,500 kg or less:	(ii) over 4,5	00 kg:					
	(b) What type of contaminated materials is hauled?							
	(c) How is the cargo transported?   Container   Bulk Maximum radius of operations?							
	(d) How often and for what types of projects does the Applicant assume responsibility for transportation?							
	(e) How often does the Applicant hire third party transportation companies to haul contaminated materials on the Applicant's behalf?							
	(f) Does the Applicant have a Vehicle Maintenance Program in place for all vehicles? ☐ Yes ☐ No							
	(g) Does the Applicant have an Automobile Safety and Training Program for all employees?							
	(h) Does the Applicant obtain annual driver abstracts for all employees operating the Applicant's vehicles?							
	(i) How often does the Applicant hire third party transportation companies to haul contaminated materials on the Applicant's behalf?							
12.	(a) Please provide the following details of a	all Contractors Pollution	Liability Insurance	carried in the past three yea	ars:			
	insulei	Expiry Date						
			\$	\$	\$			
			\$	\$	\$			
			\$	\$	\$			
	(b) When was the first date on which the Applicant purchased continuous claims made coverage?							
	(c) Has the Applicant ever been declined, r		led by any insurer fo	or Contractors Pollution Liab	pility Insurance?			



13.	In the last five years, has the Applicant ever had a claim made against them? If YES, please provide						
	(a) Date of Claim						
	(b) Claimant's Name						
	(c) Nature of Claim						
	(d) Amount of Indemnity Payment and Defence Costs						
14.	Is the Applicant aware of any fact, circumstance or situation which could result in a claim being made against the Applicant or any other person/entity for whom coverage is being sought?						
	$\square$ Yes $\square$ No If YES, please explain:						
۱PF	PLICANT'S CONSENT TO THE TRANSMISSION OF THE IN	NFORMATION CONTAINED IN THE	APPLICATION FORM				
	reby acknowledge that the information collected in the Application formation Services Inc. for the sole purpose of obtaining an insurance pole		transmitted to Vailo				
More	eover, I authorize Vailo Insurance Services Ltd., its insurers or service	providers to:					
	<ul> <li>Conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation.</li> </ul>						
	In the event of a claim, transmit the submitted and verified informatio investigating, defending, negotiating or settling any claims as require		r offices for the purpose of				
DEC	CLARATION AND SIGNATURE						
orre Appl his	undersigned Applicant for this insurance declares that, to the best of the tand that reasonable efforts have been made to obtain sufficient inflication form. The undersigned further agrees that if any significant chapplication form and the effective date of the policy, which would rend be reported immediately in writing to the Insurance Manager.	formation to facilitate the proper and accur ange in the condition of the Applicant is dis	ate completion of this scovered between the date of				
orm	ough the signing of this Application form does not bind the Applicant to a and the information furnished pursuant hereto shall be the basis of the policy.						
Nam	ne of Applicant (please print)	Title of Applicant (please print)					
Sign	nature of Applicant	Date (dd/mm/yyyy)					