



The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required:

Company Name: _____

Primary Address (Address, Province, Postal Code, Country): _____

Website Address: _____ Telephone: _____

Date the company was established (DD/MM/YYYY): _____ Parent Company: _____

1.2 Please state whether during the last 5 years:

a) the company has changed its name: Yes No

b) you have purchased any other businesses: Yes No

c) you have been involved in any mergers or consolidations: Yes No

If "yes" to a), b) or c) above please provide full details:

1.3 Please state the legal status of the company:

Sole proprietor Corporation Joint venture Other (please provide details):

1.4 Please state your gross revenue in respect of the following years:

| | Last complete FY | Estimate for current FY | Estimate for next FY |
|--------------------------|------------------|-------------------------|----------------------|
| Domestic revenue: | \$ | \$ | \$ |
| USA revenue: | \$ | \$ | \$ |
| Other territory revenue: | \$ | \$ | \$ |
| Total gross revenue: | \$ | \$ | \$ |
| Profit (Loss): | \$ | \$ | \$ |

1.5 Please state any other entities that are to be included as named insureds, including their relationship to you:

1.6 Please provide details for the primary contact for this insurance policy:

Contact name: _____ Position: _____

Email address: _____ Telephone: _____

Section 2: Business Activities

2.7 Please describe below the nature of your business activities:

Section 3: Insured Locations

Please complete the following in respect of the main location for which coverage is required. If you require more than one location to be covered, please complete the 'Other Insured Location' Supplementary Application.

3.1 Please state the:

a) name of the main location:

b) address (address, province, postcode, country):

c) the size of the location (hectares):

3.2 Please describe the current and, if known, historical operations at this location:

3.3 Please state whether you own the location to be insured: Yes No

If "no", please state the name of the owner:

3.4 Please state whether there are any other occupants at the location to be insured: Yes No

If "yes", please list the other occupants, the nature of their business activities and their relationship to you:

3.5 Please describe the properties that are immediately to the North, East, South and West of the location to be insured:

North:

East:

South:

West:

3.6 Please state the:

a) approximate distance to the nearest residential property:

b) approximate distance to nearest body of water:

c) type of body of water (e.g. lake, river):

d) number of groundwater wells onsite:

e) type of wells (e.g. drinking, monitoring):

3.7 Please state whether public water and sewerage are supplied at this location: Yes No

If "no", please state whether there is a septic tank or other type of waste water treatment system:

3.8 Please state whether the location to be insured is within a flood plain: Yes No

3.9 Please state whether you are aware of any plans for redevelopment at the location to be insured: Yes No

If "yes", please provide full details:

3.10 Please state whether you are aware of any waste materials having been disposed of or buried at the location to be insured: Yes No

If "yes", please provide full details:

3.11 Please state whether you are aware if the location to be insured has had any previous indoor air quality or mold issues: Yes No

If "yes", please provide full details:

3.12 In respect of the location(s) to be insured, please state whether:

a) any environmental studies, reports or audits have been completed: Yes No

If "yes", please provide a copy of the study, report or audit.

b) there are any environmental permits, licenses or consents for this location: Yes No

If "yes", please provide a copy of the permit, licence or consent.

3.13 In respect of the location(s) to be insured please state whether:

a) any hazardous materials or chemicals are used, stored or treated on-site: Yes No

If "yes", please complete the Hazardous Materials Supplementary Application.

b) any water, wastewater or other treatment facilities onsite: Yes No

If "yes", please provide details in the Treatment Facility Supplementary Application.

c) there are any recycling facilities on-site, including landfill or any transfer station: Yes No

If "yes", please complete the Waste Facility Supplementary Application.

d) there are any aboveground or underground storage tanks on-site: Yes No

If "yes", please complete the Storage Tank Supplementary Application.

Section 4: Environmental Information

4.7 Please state whether you have:

a) a dedicated Environmental Officer: Yes No

b) a spill prevention control and countermeasure plan in place: Yes No

c) an emergency response plan in place: Yes No

d) a documented inspection plan: Yes No

Section 5: Transportation

Only complete this SECTION if you are transporting non-hazardous or hazardous materials or waste as a part of your contracting services relating to the project.

5.7 Please state:

a) the percentage of cargo transported by: you (%): subcontractors (%):

b) the number and type of vehicles transporting polluting and hazardous materials:

Tractors: Tank Trailers <3,500 gal:

Tank / Vacuum Trucks: Tank Trailers >3,500 gal:

Flat Bed Trucks: Flat Bed / Box Trailers:

Dump Trucks: Passenger Vehicles:

Pickup Trucks / Vans: Other (please describe):

c) the percentage split between bulk tanker and container/drum:

Bulk tanker (%): Container/drum (%):

d) the percentage of cargo which consists of hazardous materials or waste (%):

e) the type of hazardous materials or waste transported:

f) if any other goods or commodities are transported:

5.2 Please state whether you hold all appropriate and valid licenses for the goods, hazardous materials or waste that you transport: Yes No

5.3 Please state the:

a) estimated mileage for the next 12 months:

b) estimated number of journeys per annum:

5.4 Are all vehicles equipped with spill kits? Yes No

5.5 Please provide details of pollution cover provided by your auto insurance and applicable policy limits:

5.6 Where transportation is performed on your behalf by a third party, please state:

a) what pollution insurance you require them to carry (cover and limits)?

b) what checks you perform to ensure that they are suitably licensed?



Section 6: Prior Insurance & Future Requirements

6.1 Please provide details of your current site/premises pollution insurance:

| Effective Date (DD/MM/YY) | Limit Each Loss / Aggregate | Deductible | Retro Date (DD/MM/YY) | Insurer | Premium |
|------------------------------|--------------------------------|------------|--------------------------|---------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

6.2 Please indicate the coverage you are requesting:

| | | |
|-----------------------------------|-----------------------|--------------------------|
| Cleanup costs | Third party liability | Transportation Liability |
| Natural resource damage liability | Emergency costs | |

6.3 Please identify the limit and deductible options you would like us to consider:

| Option | Limit Each Loss | Aggregate Limit | Deductible |
|--------|-----------------|-----------------|------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

6.4 Please confirm what pollution coverage and applicable limits you have in the following insurances:

| | |
|----------------------------|----|
| a) general liability: | \$ |
| b) professional liability: | \$ |

6.5 Please state whether any insurer has previously:

| | | |
|---|-----|----|
| a) declined your application for any environmental insurance? | Yes | No |
| b) refused to renew your policy? | Yes | No |
| c) cancelled your policy? | Yes | No |
| d) imposed any special conditions? | Yes | No |

If you have answered "yes" to a)-d) above, please provide details below:

Section 7: Loss/Compliance

7.1 In the last five years, have you had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants or caused environmental damage as defined by applicable environmental laws or regulations? Yes No

If "yes", please provide full details and attach a copy of any correspondence:

7.2 Have you received any notices of violation or complaint, been fined or penalised or been the subject of any other enforcement action relating to your compliance with environmental law or standards (including applicable permits, licenses or consents)? Yes No

If "yes", please provide full details and attach any supporting documents:

7.3 Please state whether you have ever had any pollution claim made against you or whether you are aware of any pollution event or circumstance which may reasonably be expected to give rise to a claim: Yes No

If "yes", please provide details and attach any supporting documents:

Important notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfcunderwriting.com/privacy

Contact Name:

Position:

Signature:

Date (DD/MM/YYYY):