



Toronto Branch
1 University Avenue
Toronto, ON M5J 2P1
Canada



Application for Project Specific Contracting Services Environmental Liability Insurance

Instructions:

- This form must be dated and signed by a principal of your Company.
- Answer all questions completely. If any questions do not apply, please state N/A in the space provided.
- Please provide supporting information on a separate sheet and reference the applicable question number. Any supporting information is considered part of this application and is subject to the same terms and conditions.
- Send Completed Application along with any required documentation to Environmental@lionsgateuw.com.

General Information

1. Named Applicant _____	Principal Contact _____		
Mailing Address _____			
City _____	Province _____	Postal Code _____	
2. Project Name _____	Project Location _____		
Total Project Revenues \$ _____	Project Duration _____		
3. Required Limits of Liability _____	Minimum Self-Insured Retention _____		
Required Completed Operations _____			
4. Project description including scope of work _____			
Project description including scope of services:			
5. Is this wood frame construction?		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
6. Known Environmental Conditions associated with Project Location			
7. Claims/Circumstance History			
Within the last five (5) years has the applicant purchased this type of insurance coverage?		<input type="checkbox"/>	<input type="checkbox"/>
If yes , please provide information regarding any such coverage and all available loss information.			
Within the last five (5) years have any claims been made or legal actions (<i>including regulatory actions</i>) been brought against any prospective Insureds?		<input type="checkbox"/>	<input type="checkbox"/>
Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents?		<input type="checkbox"/>	<input type="checkbox"/>
Do the prospective Insureds have any knowledge of damage or injury to property, the environment or people that was or may in any way have been attributable to them?		<input type="checkbox"/>	<input type="checkbox"/>
At the time of signing this application, are the prospective Insureds aware of any circumstances that may reasonably be expected to give rise to a claim against any insured or otherwise generate a request for coverage under this Policy?		<input type="checkbox"/>	<input type="checkbox"/>

General Information *continued*

If any answer to question 7. above was yes, please provide a description of the circumstance or claim (*detail the actual or alleged incident, location, date, type of injury and/or damage, etc.*). In addition, provide information as to what actions have been taken by the proposed insured(s) to mitigate or avoid a similar loss from occurring again.

Warranty, Authorized Signature and Continuing Duty to Update

The undersigned is an authorized representative of the prospective First Named Insured, and acknowledges that the information provided with the Application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to Great American and made a part of this application:

- 1. Will be relied upon by Great American Insurance Companies in determining the acceptability of the prospective Insureds and the premium amount to be charged;
- 2. Are true, accurate and complete; and
- 3. Will be considered an integral part of any resultant insurance contract.

The undersigned further agrees that the prospective Named Insured(s) has a continuing duty, through date of policy inception, to update this Application, including all supplements, attachments and replies to underwriter inquiries.

Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required before the applicant may be bound and a policy issued.

Signature of Authorized Applicant _____

Print Name _____ **Date** _____

Title _____

Signature of Broker/Agent _____

Print Name _____ **Date** _____

Signed by Licensed Resident Agent _____

(Where Required By Law)