



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



Application for Premises Liability Insurance

Instructions:

- This form must be dated and signed by a principal of your Company.
- Answer all questions completely.
- 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. Name of Applicant _____
Principal Contact _____
Mailing Address _____

2. Requested effective date of coverage _____

3. Requested length of policy term _____

4. Desired Limits of Liability and Retention Amount:

Each Loss Limit \$ _____

Aggregate Limit \$ _____

Retention Amount \$ _____

5. Describe in detail the Insured's Operations

6. Please list any acquired, affiliated, parent, predecessor, related, subsidiary or other firms for which coverage is requested:

Name of Company

Relation to Named Insured

7. Details of proposed location(s): *(attach additional pages if necessary)*

Location	Street Address/City/Province/Postal Code	Facility Size: <i>(square footage under roof)</i>	Owned or Leased

8. Please describe other companies that also operate out of or lease space at each proposed location

General Information Continued

Yes No

9. Has any proposed location ever been used or is currently being used for on-site disposal of waste material (i.e. lagoons, incineration, surface impoundment, septic system, leach fields, etc.)? Yes No
 If yes, please describe:

10. Please provide the following information for each location. Attach an additional Storage Tank Schedule if needed.

Above Ground Storage Tanks N/A

Location	Install Year	Capacity (liters)	Contents	Construction Material	Secondary Containment (Earthen, Concrete, Steel, None, if Other please specify)		Date Tank Last Tested
					Yes	No	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

Underground Storage Tanks N/A

Location	Install Year	Capacity (liters)	Contents	Construction Material (include piping)	Leak Detection ¹	Date Tank Last Tested

¹Interstitial monitoring, automatic tank gauging, vapor monitoring, groundwater monitoring, statistical inventory reconciliation, other (please list)

Are all of the underground storage tanks listed in the application materials compliant with the 1999 CEPA standards for leak detection, corrosion protection and overflow protection? Yes No

11. Effluent/Emission treatment and discharge N/A

Location	Discharge Composition	Daily Amount	Treatment Process	What is Material Discharged to?	For How Many Years?

12. Are you aware of any current or past contamination at any proposed location? Yes No
 If yes, please explain:

13. Are you aware of any prior, on-going or planned remediation projects at any proposed location? Yes No
 If yes, please explain:

14. Have you received any complaints, notices of violation, fines, penalties, or other enforcement actions regarding pollution conditions and/or compliance with environmental law within the past five (5) years? Yes No
 If yes, please explain:

General Information *Continued*

	Yes	No
15. Are there any standards, statutes, or other regulations relating to the environment with which a location does not comply? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
16. Are there any plans to sell or sublease any proposed location(s)? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
17. Are there any plans for development, improvement, demolition or other changes in site use/operations at any proposed location(s)? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
18. Has any proposed location had an indoor air quality and/or mold problem that cost more than \$20,000 to resolve? If yes, please describe:	<input type="checkbox"/>	<input type="checkbox"/>
19. Are there any visible signs of mold growth in any structure at a proposed location? If yes, please describe and approximate the square footage impacted:	<input type="checkbox"/>	<input type="checkbox"/>
20. Has a complaint ever been made by a third party relating to indoor air quality and/or mold problems at a proposed location? If yes, please describe:	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you have a formal process to document and track indoor air quality and/or mold complaints?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have indoor air quality and/or mold inspections been performed at the proposed locations? If yes, were any indoor air quality or mold issues identified? If yes, please describe and attach the related report(s):	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
23. Are any proposed locations in flood plains or otherwise subject to periodic flooding or the ponding of water? If yes, please describe and explain what steps have been taken to prevent future damage?	<input type="checkbox"/>	<input type="checkbox"/>

General Information Continued

	Yes	No
24. Does your Company provide any off-site contracting services? If yes, please explain in detail and provide the revenue associated with such services:	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes above, have such services ever caused a pollution incident:	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe in detail:		
25. Within the last five (5) years has the applicant purchased this type of insurance coverage? If yes, please provide information regarding any such coverage and all available loss information.	<input type="checkbox"/>	<input type="checkbox"/>
26. 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"/>
27. Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents?	<input type="checkbox"/>	<input type="checkbox"/>
28. Do the prospective Insureds have any knowledge of damage or injury to property, the environment or people during the last five (5) years that was or may in any way have been attributable to them?	<input type="checkbox"/>	<input type="checkbox"/>
29. 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"/>
If the answer to question 26., 27., 28., or 29. above was yes, please provide a description of the circumstance or claim <i>(detail the actual or alleged incident, location, date, type of injury and/or damage, etc.)</i> . 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)