

**ENVIRONMENTAL IMPAIRMENT LIABILITY RENEWAL APPLICATION
POLLUTION LIABILITY AND CLEANUP INSURANCE FOR PREMISES**

Submitting Broker, please complete the following to assist us in processing this renewal:

Name of Brokerage: _____ Policy Number: _____
Name of Broker Contact: _____ E-mail: _____ Tel # _____

- Note:**
1. This application is for all facility locations requiring coverage.
 2. All questions must be completed in their entirety.
 3. All tanks must be scheduled and separated by location
 4. Completion of this form does not bind coverage.
 5. Environmental surveys audits, risk assessments, Phase 1's, Phase II's, Phase III's conducted for any site for which this application applies. Attached Information to follow None

1. Name of Insured: _____
2. Address (if changed): _____
3. (a) Covered Locations: Any changes to the schedule of locations? YES NO
***If any additional locations, please complete the full version of the application at www.premiergroup.ca**
 (b) Do any of the Covered Locations have above ground or underground storage tanks? YES NO
If yes, please complete the Supplementary Questionnaire for Storage Tanks (see www.premiergroup.ca or ask your Premier underwriter).
4. (a) Have there been any changes in processes at any of the locations that have lessened or increased the risk of a pollution incident? YES NO
 If yes, please provide details: _____
 (b) Is the Insured contemplating any changes to operation at any of the locations during the next 12 months? YES NO
5. Please provide the sales for the upcoming year: _____
6. **Inspections/Risk Management of Covered Locations**
 (a) During the past year, has the Applicant or a third party conducted an environmental audit or survey of the Applicant's Covered Locations or operations? YES NO
 If yes, please provide attachment.
 (b) Are there any statutes, standards, or other city, provincial or federal regulations relating to the protection of the environment which apply to any location with which the Applicant cannot at present comply? YES NO
 If yes, please provide details: _____
7. Is the applicant aware of any fact, circumstance or situation that could reasonably expect to result in a claim or order being made against the Applicant arising from the release of any hazardous substance or pollutant into the environment? YES NO
 If yes, please provide details: _____
8. Has the applicant received any fines, penalties, notice of violations, complaints or enforcement actions regarding compliance in the past 5 years? YES NO
 If yes, please provide details: _____
9. **Additional Insured(s) (if applicable):** _____

DECLARATION / CONSENT

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.
 The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.
NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Printed Name: _____ Position Held: _____
Applicant's Signature: _____ Date: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - processingcommercial@premiergroup.ca ****
Vancouver - T 604.669.5211 F 604.669.2667 Toronto - T 416.365.0444 F 416.365.0446 London - T 519.850.1610 F 519.850.1614