

GREENWORKS INSURANCE PROJECT SPECIFIC QUICK-APPLICATION
ENVIRONMENTAL LIABILITY FOR CONSTRUCTION PROJECTS

BROKER INFORMATION

Name: _____ Contact Information: _____

COVERAGE:

PROPOSED COVERAGE EFFECTIVE DATE: _____

Limit of Liability required: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Deductible required: \$2,500 \$5,000 \$10,000 \$25,000

Coverage required: Claims-made form Occurrence form Mould Coverage: YES NO

Non Owned Disposal Site Coverage: YES NO

Completed Operations Period: 12 months 24 months

Number of Employees: _____ Are all employees covered by W.C.B.? YES NO

Expanded Named Insured Definition (Subcontractors, owner, etc.): YES NO

Project Start Date: _____ Estimated Finish Date: _____

OPERATIONS:

1. Name of Insured: _____

Address: _____ Web Site Address: _____

2. General Contractor/Project Manager: _____ # Years of Experience: _____

3. Name of Owner: _____

4. Description of Project: _____

5. Address of Project: _____

6. Oil & Gas Industry: YES NO Mining Industry: YES NO

7. List of Hazardous Materials Involved: _____

8. Exposure to or handling of Asbestos: YES NO

9. Total Estimated Project or Contract Value: \$ _____

10. Construction Type: Wood Non Combustible Fire Resistive Other: _____

11. Underground and/or Excavation Work? YES NO Details: _____

12. Type of Neighborhood: Residential Commercial Mixed Other: _____

13. Adjacent Structures:

	Occupancy – Commercial / Residential / Industrial / Institutional	Construction Type	Distance
North			ft
East			ft
South			ft
West			ft

LIST OF 5 LARGEST PROJECTS IN LAST THREE (3) YEARS:

1.) Project Name/Client: _____ Project Costs: _____

Description of Project: _____

2.) Project Name/Client: _____ Project Costs: _____

Description of Project: _____

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3.) Project Name/Client: _____ Project Costs: _____
 Description of Project: _____

4.) Project Name/Client: _____ Project Costs: _____
 Description of Project: _____

5.) Project Name/Client: _____ Project Costs: _____
 Description of Project: _____

5 Years Loss History:

Describe any notable losses:

Are you aware of any circumstances, fact, or situation that might result in a claim being made against you or any other person or entity for whom coverage is being sought? YES NO

If yes, please describe: _____

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: _____

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 - newbizenvironmental@premiergroup.ca ****

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