

Business Environmental Impairment Liability (BEIL)

! In addition to this application, please also submit our **Storage Tank Environmental Impairment Liability (STEIL)** application form.

SECTION 1: APPLICANT INFORMATION

1. Name of Insured: _____
2. Mailing Address: _____
3. Phone: _____ Cell Phone: _____ Email: _____

SECTION 2: OPERATIONAL DETAILS

1. Please provide a detailed description of the business operations:

2. Turnover: _____
3. Number of premises to be insured as Covered Locations: _____
4. Do you have certification to any environmental management accreditation programs? Yes No
5. Are there any above or below ground storage tanks at the Covered Locations? Yes No
6. Do you possess or have you commissioned any environmental reports in relation to the Business Operations and/or Covered Locations? Yes No
7. Do you benefit from sudden and accidental pollution cover under the terms of a third-party general liability policy? Yes No

SECTION 3: CLAIMS HISTORY OR POLLUTION INCIDENTS

1. Have there been any claims made or notifications issued against the Applicant including employees during the past 5 years for clean-up costs or spillage response, or bodily injury or property damage, resulting from the release of regulated substances, hazardous waste or any other pollutants, from any location owned or operated by the Applicant, into the environment? Yes No

If **yes**, please provide/list all details:



2. Is the Applicant aware of any facts or circumstances which could reasonably be expected to result in (a) claim(s) or order being asserted against the Applicant or any employee for environmental damage or pollution clean-up costs or response, or for bodily injury or property damage arising from the release of pollutants into the environment? Yes No

If **yes**, please provide details:

3. During the past 5 years, has the Applicant experienced any reportable releases or spills of regulated substances, hazardous waste or any other pollutants, as defined by applicable environmental laws or regulations? Yes No

If **yes**, please provide details:

4. In the past 5 years, has the Applicant or any employee been charged in relation to a contravention of any standard or law relating to the release or threatened release from any location of a regulated substance, hazardous waste or any other pollutant? Yes No

If **yes**, please provide details:

5. Has there been a history of leaks or releases at any of the facilities, not already stated above? Yes No

If **yes**, please provide details:

SECTION 4: ENVIRONMENTAL INSURANCE OPTIONS

1. Does the Applicant currently have pollution liability insurance coverage for the Storage Tank Systems applied for on this application? Yes No

If **yes**, please provide details:

Insurer: _____ Renewal Date: _____

Limit (each loss and in the aggregate): _____

Deductible: _____ Retroactive Date: _____

2. Limits required (each loss and in the aggregate):

\$500,000 \$1,000,000 \$2,000,000 \$5,000,000 Other: _____

3. Deductible required (each loss):

\$5,000 \$10,000 \$25,000 \$50,000 Other



SECTION 5: DECLARATION

The Applicant represents that the following statements and facts are true and that no material facts have been suppressed or misstated.

- There have been no reportable releases or spills of hazardous substances, hazardous waste, environmental damage or any other pollutants as defined by applicable environmental statuses or regulations attributable to the Applicant or their products.
- There have been no prosecutions, or threats of prosecution, and there are no current prosecutions, attributable to the Applicant or their products, for any offence, either directly or indirectly arising out of environmental damage or a release of any substance into sewers, rivers, sea, groundwater or air or onto land.
- There have been no claims resulting from environmental damage or the release of hazardous substances, hazardous waste, or other pollutants, attributable to the Applicant or their products, into the environment.
- At the time of signing this application, there are no known facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against an Applicant in relation to coverage being provided under this policy.
- There have been no former uses of the Covered Locations that the Applicant is aware of that may have resulted in significant ground contamination issues.

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)

Title/Position

Signature of Applicant

Date (MM/DD/YYYY)

BROKER CONTACT INFORMATION

Agent Name: _____ Brokerage Name: _____
 Email: _____ Address: _____
 Phone: _____ City / Province: _____
 Fax: _____ Postal Code: _____