

Contractors' Environmental Impairment Liability (CEIL)

SECTION 1: APPLICANT INFORMATION

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

SECTION 2: OPERATIONAL DETAILS

1. Please provide details of annual revenues for the last three (3) years and estimate for the present year. Alternatively, provide details of the value of the contract to be insured, ideally split between below ground level works and above ground level works.

Turnover

Year 1: _____ Year 2: _____
Year 3: _____ Present Year: _____

Contract Value

Below Ground Works: _____
Above Ground Works: _____
Total: _____

2. Please provide a summary of the Covered Operations to be undertaken below and complete the more detailed **Schedule of Covered Operations**.

SECTION 3: SUBCONTRACTORS

1. Please provide details of the level of insurance you require subcontractors to carry.
General Liability: _____ Professional Liability: _____
Contractors Environmental/Pollution Liability: _____
2. Please confirm if you require a written contract with subcontractors containing hold harmless and indemnification provisions with respect to environmental/pollution incidents.

SECTION 4: SCHEDULE OF COVERED OPERATIONS

Covered Operation	Revenue (indicate currency)	Percentage Subcontracted
<i>Environmental Operations</i>		
Contaminated Soil Excavation		
Soil & Groundwater Sampling		
Soil & Groundwater Treatment/Remediation		
Dredging & Marine Activities		
Emergency Spill Response		
Landfill Construction		
Landfill Liner Installation		
Drilling of Monitoring Wells		
Drilling of Potable Wells		
Soil/Groundwater Boring		
UST Installation		
UST Removal/Decommissioning		
Pipeline Installation		
Pipeline/Sewer/Septic Maintenance		
Industrial Cleaning		
Asbestos/Lead Abatement		
Mould Remediation		
Management of Waste Treatment/Recycling Sites		
Landfill Management		
Waste Collection		
<i>Other (please detail)</i>		
Other 1: _____		
Other 2: _____		
Other 3: _____		
<i>Total Environmental Operations:</i>		



SECTION 4: SCHEDULE OF COVERED OPERATIONS CONTINUED

Covered Operation	Revenue (indicate currency)	Percentage Subcontracted
<i>Non-Environmental Operations</i>		
Electrical Contracting		
HVAC/Mechanical Contracting		
Water/Sewer		
Road Construction/Maintenance		
Excavation/Site Grading		
Demolition		
General Construction		
Piling/Foundation Works		
Telecommunications		
Residential Construction		
Construction Management		
Tunnelling		
Roofing/Insulation		
Bridge Construction/Maintenance		
Carpentry		
Flooring		
Facilities Management		
Steel Erection		
Concrete Work		
Brickwork/Masonry		
Painting/Exterior Finishing		
<i>Other (please detail)</i>		
Other 1: _____		
Other 2: _____		
Other 3: _____		
<i>Total Non-Environmental Operations:</i>		
<i>Total All Covered Operations: (Environmental and Non-Environmental)</i>		



SECTION 5: 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 6: 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 7: 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: _____