

Premises Environmental Impairment Liability (PEIL)

SECTION 1: APPLICANT INFORMATION

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

SECTION 2: OPERATIONAL DETAILS

- 1. Type of Business: Partnership Corporation Joint Venture
 Other (please specify): _____
- 2. What is the estimated revenue for the coming year? _____
- 3. What has been the revenue for each of the past 5 years?

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- 4. How many locations will be Insured Premises? _____

SECTION 3: INSURED PREMISES

- 1. Address (incl. postal code): _____
- 2. Describe the use at this location:
- 3. In what year did the Insured occupy this location? _____
- 4. Are the Insured Premises owned or leased by the Insured? Owned Leased
- 5. Are any of the Insured Premises occupied by any companies other than the Named Insured? Yes No
If yes, please provide all companies' names and a description of operations performed by each company:
- 6. Do any of the Insured Premises contain an open or closed landfill? Yes No
- 7. Do any of the Insured Premises have above or below ground storage tanks? Yes No
If yes, please complete the **Supplementary Questionnaire for Storage Tanks**.

8. Are there groundwater monitoring wells located at any of the Insured Premises? Yes No

If **yes**, please provide details:

9. Do any of the Insured Premises have incinerators? Yes No

If **yes**, please provide the age of the incinerators and list the materials incinerated:

10. Please describe the past uses of the Insured Premises (if no other previous uses, please indicate "None"):

11. Have there been any changes in processes at any of the Insured Premises during the past 5 years that have increased or decreased the risk of a pollution incident? Yes No

If **yes**, please provide details:

12. Does the Insured have any plans or intentions to make changes to the operations or buildings at the Insured Premises during the next 12 months? Yes No

If **yes**, please provide details:

13. Please list the raw materials used at the Insured Premises:

14. Is any on-site disposal of solid, semi-solid or liquid waste carried out at any Insured Premises? (Landfill, surface impoundment, deepwell injection, etc.) Yes No

If **yes**, please provide details:

15. Are there any on-site waste treatment facilities provided to reduce the concentration of contaminants in liquid effluent from the Insured Premises? Yes No

If **yes**, please provide details:



16. Is there any on-site equipment at the Insured Premises to control air emissions? Yes No

If yes, please provide details:

17. Are there any on-site processes at the Insured Premises to recycle, re-use or separate materials from process waste? Yes No

If yes, please provide details:

18. During the past 5 years, has the Insured or third party conducted an environmental audit or survey of the Insured Premises? Yes No If yes, please provide a copy of the report.

19. Does the Insured hold any type of environmental report or survey in relation to the Insured Premises? Yes No If yes, please provide a copy of the report.

20. Are there any statutes, standards, permits, or other city, provincial or federal regulations relating to the protection of the environment which apply to any Insured Premises or any location where the Insured undertakes its business with which the Insured cannot comply? Yes No

If yes, please provide details:

21. Does the Insured have an Environmental Safety Committee, or any employees vested with specific responsibility for environmental control? Yes No

If yes, please provide details:

22. Please describe the use of land/properties adjacent to the Insured Premises:

East: _____ North: _____
West: _____ South: _____

23. Has the Insured gained accreditation to any environmental management certification standards? Yes No

If yes, please provide details:

24. Is the Insured in any way directly or indirectly involved with asbestos products or asbestos waste? Yes No

If yes, please provide details:



SECTION 4: TRANSPORTATION

1. Does the Insured transport any waste, products or material away from the Insured Premises? Yes No
If yes, please answer the remaining questions.

2. What type of waste, product or material is transported?

3. What are the on-site storage arrangements prior to transporting?

4. How long is waste, product or material stored on site prior to transporting?

5. Is waste transported by a licensed third-party hauler? Yes No

6. Is waste deposited at a suitably licensed disposal facility? Yes No

7. Does the Insured have a fleet of vehicles to transport waste, products or materials? Yes No

If yes, please provide details:

8. Provide details of your automobile insurance:

Insurer: _____ Primary Policy Number: _____

Primary Policy Limit of Indemnity: _____

SECTION 5: CLAIMS HISTORY

1. Has the Insured during the past 5 years been prosecuted for contravention of any standard or law relating to the release from any Insured Premises of a substance into sewers, rivers, sea, and air or onto land?
 Yes No

If yes, please provide details:

2. Has the Insured had any pollution claims during the last 5 years? Yes No



3. Is the Insured aware of any fact, circumstance or situation which could result in a claim being made against the Insured or any other person/entity for whom coverage is being sought? Yes No

If yes, please provide details:

4. Are any of the Insured Premises contaminated? Yes No

SECTION 6: ENVIRONMENTAL INSURANCE OPTIONS

1. Please confirm if the Insured currently has environmental coverage on a gradual or sudden and accidental basis? Yes No

If yes, please provide details:

2. Current Environmental Insurance Carrier: _____
 Deductible: _____ Premium: _____
 Period of Coverage: _____ Policy Limit of Liability (indicate sub-limits): _____

3. Required Level of Coverage:

Gradual Pollution Conditions Yes No

Sudden Pollution Events only – 120 hrs detection/reporting Yes No

Sudden Pollution Events only – 240 hrs detection/reporting Yes No

4. Does the Insured required environmental impairment liability coverage for operations undertaken at the third-party premises? Yes No

5. Has any insurance company denied, cancelled or non-renewed environmental impairment liability coverage to the Insured? Yes No

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

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

7. Deductible required (each loss):

\$5,000 \$10,000 \$25,000 \$50,000 \$100,000

SECTION 7 : DECLARATION

The Insured 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 Insured or their products.
- There have been no prosecutions, or threats of prosecution, and there are no current prosecutions, attributable to the Insured 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 Insured 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 Insured in relation to coverage being provided under this policy.
- There have been no former uses of the Covered Locations that the Insured 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: _____