

TOTTEN GROUP

I N S U R A N C E

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CONTRACTORS POLLUTION LIABILITY APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Required Information:

- Loss Information from the last 5 years
- Certificates of Training for Mould, Asbestos & Lead Abatement Contractors

Please select the product you are applying for:

Contractor's Package (Contractor's Pollution and Commercial General Liability)

Contractor's Pollution stand-alone

Proposed Coverage Effective Date: _____

1. Name of Applicant _____

2. Mailing Address _____

3. Named Insured is Partnership Corporation Joint Venture Other _____

4. Number of years in business: _____ 5. Number of years industry experience: _____ 6. Number of Employees: _____

7. Please provide a detailed description of the Named Insured's operations:

8. List all other insureds requesting coverage under the policy and describe their relationship with the Named Insured

Other insured	Relationship to named insured

9. CGL Limit of Liability required: \$1,000,000 \$2,000,000 \$5,000,000 Other: _____

10. CPL Limit of Liability required: \$1,000,000 \$2,000,000 \$5,000,000 Other: _____

11. Current Insurer (if applicable): _____

12. a) Have you ever operated under a different name? Yes No
 If "yes", please advise name: _____

b) Were there ever any claims named against those named in a)? Yes No
 If "yes", please provide details: _____



13. Has the Applicant's company in the past performed or does it anticipate performing work in the forthcoming year outside of Canada? Yes No

If "Yes", please provide details: _____

14. Does the Applicant ask sub-contractors to show evidence of environment liability insurance including the Applicant as an Additional Insured? Yes No

15. What are the minimum limits of liability the Applicant requires from sub-contractors?

a) Commercial General Liability: _____ b) Contractor's Pollution Liability: _____

c) Professional Liability: _____

16. Do you ensure any sub-contractors you hire to perform specialized jobs on your behalf are properly qualified/experienced?

Yes No If "Yes", please provide details of what proof is required: _____

17. Does the Applicant have a written Health and Safety Manual for all employees? Yes No

18. Does the Applicant have a written Spill Prevention, Control and Containment Plan? Yes No

19. What protocol is in place for the handling, temporary storage and protection from weather of waste materials at a job site?

20. Does the Applicant select or recommend storage, landfill or disposal locations for waste materials on behalf of the client? Yes No

21. Does the Applicant confirm that the location is licensed to accept the waste materials?

Additional Comment Section:

Covered Operations Schedule

Environmental Contracting Operations		Actual Gross Revenue in the past 12 months	Estimated Gross Revenue for the next 12 months	Projected % to be sub-contracted
Hazardous Material Removal/Abatement Work including Emergency Clean-up	Mould			
	Asbestos			
	Lead			
	Other: _____			
Tank Installation and Servicing (not including removal of hazardous materials)	UST			
	AST			
Septic Tank Installation/Removal				
Restoration Contracting (fire and water) including air quality related operations				
Garbage Reduction and Incineration				
Waste Collection				
Soil and Groundwater Sampling and Testing				
Pesticide, Fertilizer, Herbicide, Fungicide Application				
Water treatment, Recovery, and related activity				
Dredging and Marine Activities				
Landfill Construction				
Drilling of Monitoring Wells				
Drilling of Portable Wells				
Pipeline Installation				
Pipeline / Sewer / Septic Maintenance				
Other: _____				
Other: _____				
Total Environmental				
Non-Environmental Contracting Operations		Actual Gross Revenue in the past 12 months	Estimated Gross Revenue for the next 12 months	Projected % to be sub-contracted
Wrecking or Demolition				
Excavation				
Boiler Installation				
Highway, Street, and Road Construction				
Road Maintenance, Surfacing, and Repair (includes Driveway Construction, Surfacing, and Repair)				
Sewer, Steam Main, and Water Main Construction and Repair				
Construction including new, repair, and renovation				
Landscaping				
HVAC				
Electrical				
Grading of Land (not including excavation)				
Roofing - please indicate if any hot tar: Yes/No				
Plumbing				
Underground Cable and Other Utilities				
Carpentry				
Brickwork / Masonry				
Painting / Exterior Finishing				
Drilling Water and Other (excluding oil and gas)				
Insulation Contractors				
Transportation (petrochemical, hazardous material)				
Transportation (non-hazardous materials)				
Cleaning Services (Industrial, etc.)				
Industrial Maintenance (Mechanical Contractors)				
Other: _____				
Other: _____				
Total Non-Environmental				
Total Gross Contracting Revenue				



1. Do you perform any work relating to the Oil and Gas Industry? Yes No

If "Yes", please explain: _____

2. Do you perform any work relating to the Mining Industry: Yes No

If "Yes", please explain: _____

3. Do you perform work at contaminated sites? Yes No

If "Yes", please explain: _____

For Demolition/Wrecking Operations:

4. Are pre-blast surveys made prior to blasting operations? Yes No

5. Do your operations include open fires onsite? Yes No

6. Do you own a waste disposal, waste storage, or recycling facility? Yes No

7. Applicable to Asbestos Abatement; do you utilize a "wetting down technique"? Yes No

NOTE

For the purposes of questions 8-11 "you" means the named insured entity and any Director, Officer or Partner thereof.

8. Have you in the last five (5) years had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations? Yes No

If "yes" please describe _____

9. Have you in the last five (5) years been prosecuted or threatened with prosecution or are you currently being prosecuted for any offense directly or indirectly arising out of a release during any covered operations or form into any surface water, air, or into land or groundwater? Yes No

If "yes" please describe _____

10. List all the claims made against you during the last five (5) years for clean-up, bodily injury, property damage or nuisance, resulting from the release of hazardous substances, hazardous waste or other pollutants from any covered operations or owned/controlled premises into the environment.

If "yes" please describe _____

11. At the time of signing this proposal, are you aware of any facts or circumstances which may reasonably be expected to give rise to a claim or claims being asserted against you for clean-up, bodily injury, property damage or nuisance arising from a release of pollutants into the environment or for environmental damage? Yes No

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

If this proposal has been completed on my/our behalf, I/we agree the person is deemed to be my/our agent and that I/we have read the information provided before signing the form.

I/we confirm that I/we have read and understood the above declaration and the important noted overleaf.

Date

Signature of Proposer

If in Company name, state position held _____

The proposal must be signed by a principal, director or partner of the proposed named insured