

## CONTRACTORS POLLUTION LIABILITY

- Please answer all questions. If any section does not apply, please indicate with N/A. If more space is needed, please attach additional pages.
- This application must be signed and dated by an owner, principal, or other duly authorized representative of the applicant.
- Please submit the following with this application:
  - 5 year CPL or CGL loss runs; whichever are applicable.
  - Resumes of Corporate Officers, Partners and/or Owners and Key Personnel (i.e. project managers).
  - Past two years' financials including balance sheet and income statement.
  - Copies of licences and/or permits for the performance of regulated operations (i.e. asbestos/lead/mould abatement, transportation or storage of hazardous materials / wastes, or application of chemicals).
  - Details of loss control plans in place including copies of Health and Safety training, Emergency Response Plans, Mould Prevention and Remediation Plans, etc.

### APPLICANT

1. Named Insured: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Contact Person/Info: \_\_\_\_\_
4. Website: \_\_\_\_\_
5. Date Established: \_\_\_\_\_

6. Firm Type:

- Sole Proprietorship  Partnership  Corporation  Joint Venture (Specify)  Other (Specify)

7. Has your company ever operated under a different name?  No  Yes (Specify)

8. Is your company a member of any professional organizations or associations?  No  Yes (Specify)

9. Do you have any of the following loss controls in place?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Dedicated H&S Officer  | <input type="checkbox"/> Written QA/QC Plan      | <input type="checkbox"/> Dedicated Environmental Officer       |
| <input type="checkbox"/> Health & Safety Manual | <input type="checkbox"/> Emergency Response Plan | <input type="checkbox"/> Mould/Water Intrusion Prevention Plan |
| <input type="checkbox"/> Written Staff Training | <input type="checkbox"/> Written SPCC Plan       | <input type="checkbox"/> Other: _____                          |

10. Do you have written contracts with your subcontractors?  Yes  No

11. Are updated certificates of insurance from subcontractors kept on file?  Yes  No

12. What are the minimum limits of liability you require of your subcontractors?

General Liability: \_\_\_\_\_ Pollution Liability: \_\_\_\_\_ Professional Liability: \_\_\_\_\_

**OPERATIONS**

21. Estimated Total Annual Revenues:

Next Year:	
Current Year:	
Previous Year:	

22. Territory Breakdown by Percentage:

Canada:	
USA:	
Other (Specify):	

23. Does the applicant operate in Quebec?  No  Yes If Yes, provide percentage of revenues: \_\_\_\_\_

24. Client Type by Percentage:

Industrial:		Institutional:	
Commercial:		Governmental:	
Residential:		Other (Specify):	

25. Revenue Breakdown:

<b>ENVIRONMENTAL CONTRACTING OPERATIONS</b>	<b>EST. GROSS REVENUE</b>	<b>% SUBCONTRACTED</b>
Asbestos/Lead Abatement		
Mould Remediation		
PCB Removal		
Restoration Contractors		
Soil Clean Up/Remediation		
Storage Tank Install/Service - UST		
Storage Tank Install/Service - AST		
Barrier/Liner Construction		
Waste Treatment, Recovery, related activities		
Waste Collection (Haz Mat)		
Dredging		
Emergency Response Cleanup		
Haz Mat Soil/Groundwater Cleanup		
Landfill Construction/Expansion/Capping		
Pesticide/Fertilizer/Herbicide Application		
Hauling (hazardous/environmental)		
Other (Specify):		
<b>TOTAL ENVIRONMENTAL CONTRACTING</b>		

<b>NON-ENVIRONMENTAL CONTRACTING OPERATIONS</b>	<b>EST. GROSS REVENUE</b>	<b>% SUBCONTRACTED</b>
Residential Construction		
Commercial/Industrial Construction		
Marine Construction		
Pipeline/Rail Construction		
Street and Road Construction/Maintenance		
Sewer/Water Main Construction		
Demolition/Dismantling		

Dredging		
Drilling (O&G)		
Drilling (non-O&G)		
Excavation		
Grading		
Electrical		
HVAC/Mechanical		
Industrial Cleaning		
Logging		
Masonry/Concrete		
Paint/Coatings Application		
Landscaping		
Plumbing		
Roofing		
Steel Erection		
Hauling (Non-Hazardous)		
Waste Collection (Haz Mat)		
Operation and Maintenance for Others		
Other (Specify):		
<b>TOTAL NON-ENVIRONMENTAL CONTRACTING</b>		

**COVERAGES**

13. Does the applicant have an existing CPL policy?  No  Yes If Yes, please provide details:

Carrier	Eff. / Exp. Dates	Limits	Deductible	Retro-Date	Expiring Premium

14. Limits Requested:

<input type="checkbox"/> \$500,000/\$1,000,000	<input type="checkbox"/> \$1,000,000/\$2,000,000	<input type="checkbox"/> \$5,000,000/\$5,000,000
<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$2,000,000/\$2,000,000	<input type="checkbox"/> Other:

15. Deductible Requested:

<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> Other:
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16. Claims-Made or Occurrence form?  Claims-Made  Occurrence (not available for all covered operations)

17. Are you seeking coverage for mould?  No  Yes

18. Are you seeking coverage for Non-Owned Disposal Sites?  No  Yes

19. Additional Named Insureds (and relationship):

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20. Additional Insureds (and relationship):

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**GENERAL QUESTIONS**

26. In the last five years has the applicant had any reportable releases or spill of hazardous substances, hazardous waste or any other pollutants, as defined by applicable environmental statues or regulations?

No  Yes If yes, please provide details:

27. In the last five years has the applicant been prosecuted or threatened with prosecution or are they currently being prosecuted for any offense directly or indirectly arising out of a release during any covered operations into any surface water, air, or into land or groundwater?

No  Yes If yes, please provide details:

28. List all the claims made against the applicant during the last five 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 into the environment?

No  Yes If yes, please provide details:

29. Is the applicant aware of any fact, circumstance or situation which could result in a claim being made against you or any other person or entity 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 into the environment or for environmental damage?

No  Yes If yes, please provide details:

**Completion of this form does not bind coverage. Applicant's acceptance of company's quotation and company's written agreement to be bound are required to bind coverage and issue policy.**

**NOTICE TO ALL APPLICANTS:** Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. If an order to bind is received, the application is attached to the policy, so it is necessary that all questions be answered in detail.**

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and title (print): \_\_\_\_\_

Broker name and firm: \_\_\_\_\_ Contact: \_\_\_\_\_

Broker address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_