

ENVIRONMENTAL IMPAIRMENT LIABILITY FIXED-SITE and STORAGE TANK APPLICATION

- 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 EIL or CGL/Property loss runs whichever are applicable.
 - Copies of relevant and available site documents including the applicant's Operation & Maintenance Plan, property inspection reports, site plan(s), Spill Prevention Control and Containment (SPCC) plan, and Emergency Response Plans.
 - Details on any existing Environmental Impairment Liability or Storage Tank Liability policy including Declarations Page, storage tank(s) schedule, retroactive dates, additional insureds, etc...
 - Copies of recent underground storage tank and pipeline leak detection test results for each underground storage tank and pipeline that is over 10 years old.

APPLICANT

1. Named Insured: _____
2. Mailing Address: _____
3. Contact Person/Info: _____
4. Website: _____

5. Details of each location:

Facility Number	Facility Address	Facility Use	Does Applicant own or operate the facility?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

6. If "No" above, please provide details:

COVERAGES

7. Does the account have an existing policy? Yes No If Yes, complete the following:

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

8. 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:

9. 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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10. Additional Named Insureds (and relationship):

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11. Additional Insureds (and relationship):

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STORAGE TANK DETAILS

12. List ALL tanks present at the above referenced location(s):

ABOVE GROUND STORAGE TANKS (AST)

Facility #	Tank# or ID	Year Installed	Tank Capacity (litres)	Wall Type (Double/Single)	Tank Construction (See Below)	Contents (See Below)	Overfill Protection (Y/N)	Leak Detection (See Below)	Reg Comp* (Y/N)	Base Construction (See Below)	Diking Construction (See Below)	Vehicle Impact Protection (Y/N)

UNDERGROUND STORAGE TANKS (UST)

Facility #	Tank# or ID	Year Installed	Tank Capacity (litres)	Wall Type (Double/Single)	Tank Construction (See Below)	Contents (See Below)	Leak Detection (See Below)	Reg Comp* (Y/N)

PIPING INFORMATION

Year Installed	Wall Type (Double/Single)	Pipe Construction (See Below)	Leak Detection (See Below)	Piping Length	Above or Underground?

* Regulatory compliance signifies the tank meets provincial, technical and leak detection standards.

LEGEND

Tank/Pipe Construction	Contents	Leak Detection	Diking/Base Construction
F = Fiberglass S = Unprotected Steel FRP = Fibreglass Reinforced Plastic FCL = Fibreglass Clad Steel CPS =Cathodically Protected Steel PCL = Polyethylene Clad Steel PL = Plastic O = Other (Please Specify)	G = Gasoline D = Diesel NO = New Oil WO = Waste Oil HO = Heating Oil P = Propane O = Other (specify)	DW = Interstitial Monitoring ATG = Automatic Tank Gauging VW = Vapour Monitoring Wells GW = Groundwater Monitoring Wells SIR = Statistical Inventory Reconciliation VIS = Visual Inspection	C = Concrete GR = Gravel E = Dirt/ Earth S = Steel containment unit PC = Packed Clay O = Other (Please Specify)

13. Have there been any leaks or releases or history of leaks or releases at this facility related to storage tanks?
 Yes No If yes, please describe and provide copies of remedial action completion or closure reports:

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14. Is the site currently under investigation or remediation?

Yes No If yes, please provide details:

15. Have any storage tanks at this location been removed, closed in place or taken out of service?

Yes No If yes, please provide details:

16. Have any repairs or upgrades been performed within the past 10 years on any tank(s)?

Yes No If yes, please provide details:

17. Are there any plans to upgrade or remove tank(s) over the next year?

Yes No If yes, please provide details:

GENERAL QUESTIONS

18. Have you during the last five years, been prosecuted, or are you currently being prosecuted, for violations of any standard or law relating to the release or threatened release from the location of a regulated substance, hazardous waste or any other pollutant?

Yes No If yes, please provide details:

19. Have any claims been made against you during the last five years for cleanup or response action regulated substances, or bodily injury or property damage, resulting from the release of regulated substances, hazardous waste from this location or any other locations owned or operated by you, into the environment. Please provide a brief description of the claim(s) and its disposition?

Yes No If yes, please provide details:

20. At the time of the signing of this application, do you know of any facts or circumstances, which may reasonably be expected to result in a claim being asserted against your company for environmental cleanup 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:

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: _____