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www.burnsandwilcox.ca

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 Insure 2. Mailing Addres 3. Contact Person 4. Website:	SS:				
5. Details of eac	h location:				
Facility Number	Facility A	ddress	Facility U		es Applicant own or perate the facility?
					Yes No
					Yes No
					Yes 🗌 No 🗌
6. If "No" above,	please provide details:				
COVERAGES					
7. Does the acco	unt have an existing po	icy? No Yes If	Yes, complete the	e following:	
Carrier	Eff. / Exp. Dates	Limits	Deductible	Retro-Date	Expiring Premium
8. Limits Request	ted:				
\$500,000/\$1		<u>\$1,000,000/\$2,000,00</u>	00	\$5,000,000/\$	5,000,000
\$1,000,000/9		\$2,000,000/\$2,000,00		Other:	, , , , , , , , , , , , , , , , , , , ,
9. Deductible Red	auested:				
\$5,000	\$10,000	\$25,000	\$50,00	00	Other:

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10. Additional Named Insureds (and relationship):	
11. Additional Insureds (and relationship):	
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)
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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?
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^{*} 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	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)
• Other (Please Specify	ounce (opeciny)		

13.	Have there	been an	ıy leaks or	r releases o	r history o	of leaks or i	releases at	this facilit	y related to	o storage t	anks?
	□No	Yes	If yes, p	lease descr	ibe and pr	ovide copie	es of reme	dial action	completion	n or closure	e reports:

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14.	Is the site currently under investigation or remediation? No Yes If yes, please provide details:
15.	Have any storage tanks at this location been removed, closed in place or taken out of service? No Yes If yes, please provide details:
16.	Have any repairs or upgrades been performed within the past 10 years on any tank(s)? No Yes If yes, please provide details:
17.	Are there any plans to upgrade or remove tank(s) over the next year? No Yes If yes, please provide details:
GE	NERAL QUESTIONS
18.	In the last five years has the applicant had any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants as defined by applicable environmental statues or regulations? No Yes If yes, please provide details:
19.	In the last five years has the applicant been prosecuted or is the applicant currently being prosecuted for contravention of any standard or law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental statues or regulations? No Yes If yes, please provide details:
20.	List all claims made against the applicant during the past five years for cleanup or response action, "toxic tort" or other bodily injury, or property damage, resulting from the release of hazardous substances, hazardous waste, or other pollutant, from this location or other locations owned or operated by the applicant, into the environment. Attach a brief descript of the claim(s) and their disposition None to report
	For the purpose of Question 21 below, "YOU" means the manager or supervisor of the applicant responsible for environmental affairs, control or compliance, or any manager of the location(s) which is the subject of this application, or any officer, director or partner of the applicant.
21.	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 or claims 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? No Yes If yes, please provide details:

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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:	
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