

APPLICATION

PREMISES POLLUTION LIABILITY



Instructions:

- Please type or print clearly, answering all questions completely.
- The application must be completed, date and signed by an authorized representative of the Applicant.
- In addition to the completed application, please provide the following supporting information:
 - Details or copies of the Applicant's Environmental Management Plans and Loss Prevention Measures.
 - Copies of the Applicant's recent and valued Commercial General Liability and Premises Pollution Liability 5 year loss runs.
 - Copies of all available Environmental Site Assessments, Remediation Reports and Property Inspection Reports.
 - Copies of all Environmental Compliance Approvals / Certificate of Approvals for location(s) which insurance is being sought.
 - Recent tightness test or leak detection records for underground storage tanks over the age of 10 years

Applicant Information:

1. Name: _____
2. Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____

Facility Information:

3. Please provide the details for each location which insurance is being sought. Continue on a separate sheet, if necessary. If contamination is present, please provide details and include Environmental Site Assessments as well as past, current, and planned sampling/remediation reports.

	Location (Street Address, City, Province, Postal Code)	Owned / Leased	Occupancy Or SIC Code	Year Operations Began	Facility Size (Indicate Units)	Contamination Present? (Yes or No)
1.						
2.						
3.						
4.						
5.						

4. Does the Applicant maintain a Spill Prevention, Control and Countermeasure Plan (SPCC Plan) or Emergency Response Plan (ERP)? *If "Yes", please provide a copy of the formal plan(s) in place.* Yes No
5. Do any of the locations listed in Question 3., above, require any federal, provincial or municipal environmental permits, Certificates of Approval, or Environmental Compliance Approvals to operate? *If "Yes", please provide details.* Yes No
6. Are there groundwater monitoring wells located at any of the locations listed in Question 3., above? *If "Yes", please provide details.* Yes No

If "Yes" to Questions 7. through 11. below, please provide a description of the information, claim, or circumstance within the section provided below or on the Applicant's letterhead referencing the applicable question number(s) in addition to providing supporting documentation.

7. Has there been or are there any remediation works currently ongoing or planned at any of these locations? *If "Yes", please provide a description and attach any supporting documents.* Yes No
8. Have there been any reportable spills of regulated substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations, at any of these locations? Yes No
9. Has the Applicant received any fines, penalties, notice of violations, complaints or enforcement actions regarding compliance in the past five (5) years? Yes No
10. Has the Applicant ever had a claim or order issued against them for cleanup or bodily injury or property damage resulting from release of any pollutants? Yes No
11. Is the Applicant aware of any facts or circumstances which could reasonably be expected to give rise or Yes No

- result in a claim or order against them?
12. Does the Applicant currently have pollution liability insurance coverage for the proposed insurance's covered locations applied for on this application? *If "Yes", please provide the following information:* Yes No

Insurer:	
Renewal Date:	
Limit of Liability:	
Deductible:	
Retroactive Date:	

13. Limits of Liability Requested:
 \$1,000,000 / \$1,000,000 \$2,000,000 / \$2,000,000 \$3,000,000 / \$3,000,000
 \$4,000,000 / \$4,000,000 \$5,000,000 / \$5,000,000 Other _____
14. Is coverage for cleanup costs requested for onsite, offsite or both?
 Onsite Only Offsite Only Both
- If requesting onsite cleanup costs, are you requesting coverage for pollutants discovered by the applicant (1st party discovery)?
 Yes No
15. Are you requesting Gradual or Sudden & Accidental coverage?
 Gradual Sudden & Accidental
16. Deductible Requested:
 \$5,000 \$15,000 \$50,000
 \$10,000 \$25,000 Other _____
17. Do you require any Additional Named Insured(s), Additional Insured(s), Mortgagee(s), and/or Loss Payee(s) to be added to this policy? *If yes, please provide information below.* Yes No

Name	Relationship

Additional Comment Section:

The undersigned hereby acknowledges the truth of the statements contained herein.

I authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, and claims history.

For the purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

Name of Applicant (please print)

Applicant's Title (please print)

Supplemental Information for Lead-Based Paint and Asbestos Coverage

If you are seeking coverage for lead-based paint and/or asbestos, please complete the following section.

If you are not requesting coverage for lead-based paint and/or asbestos, please confirm the items below are not applicable by checking here:

18. Do any of the locations listed in Question 3., above, contain lead-based paint? Yes No
19. If the applicant answered "Yes" to Question 16., above, does the Applicant have a lead-based paint management plan in place to address the lead-based paint?
If "Yes", please provide a description and attach any supporting documents. Yes No
20. Do any of the locations indicated in Question 3., above, contain asbestos or asbestos-containing materials? Yes No
21. If the applicant answered "Yes" to Question 18., above, does the Applicant have an asbestos management plan in place to address the asbestos or asbestos-containing materials?
If "Yes", please provide a description and attach any supporting documents. Yes No
22. Have any health concerns been raised, or any claims been made, with respect to the presence of lead-based paint, asbestos or asbestos-containing materials at any of the locations indicated in Question 3., above.
If "Yes", please provide a description and attach any supporting documents. Yes No

Supplemental Information for Mould, Fungi, and/or Legionella Pneumophila Coverage

If you are seeking coverage for Mould, Fungi, and/or Legionella pneumophila, please complete the following section.

If you are not requesting coverage for Mould, Fungi, and/or Legionella pneumophila, please confirm the items below are not applicable by checking here:

23. Does the Applicant perform due diligence with respect to mould and/or fungi at the locations indicated in Question 3., above, or when acquiring or leasing property?
If "Yes", please provide detailed information regarding the scope of due diligence and attached any supporting documents. Yes No
24. Have any of the locations indicated in Question 3., above, ever been identified as having mould, fungi, Legionella pneumophila or similar bacteria-related problems?
If "Yes", please provide a description and attach any supporting documents. Yes No
25. Have any of the locations indicated in Question 3., above, experienced any water leaks or flooding within the past five (5) years?
If "Yes", please provide a description and attach any supporting documents. Yes No
26. Are any of the buildings situated at the locations indicated in Question 3., above, constructed using Exterior Insulation and Finish Systems (EFIS)?
If "Yes", please provide a description and attach any supporting documents. Yes No
27. Does the Applicant have a mould management and/or water intrusion plan in place?
If "Yes", please provide a description and attach any supporting documents. Yes No
28. Does the Applicant have any training regarding the handling of mould, fungi or Legionella pneumophila or similar bacteria-related issues?
If "Yes", please provide a description and attach any supporting documents. Yes No
29. Have any health concerns been raised, or any claims been made, with respect to the presence of mould, fungi, Legionella pneumophila or similar bacteria-related problems at any of the locations indicated in Question 3., above?
If "Yes", please provide a description and attach any supporting documents. Yes No

Supplemental Information for Storage Tank Coverage

If you are seeking coverage for pollutants emanating from storage tanks, please complete the following section. If you are not requesting coverage for storage tanks or storage tanks are not present at the locations indicated in Question 3 above, please confirm the items below are not applicable by checking here:

30. Were all storage tanks new at the time of installation? *If "No", please provide additional information.* Yes No
31. At the time of signing of this application, do all storage tanks comply with applicable requirements regarding construction, overfill/spill protection and leak detection for tanks, piping and dispensing systems? *If "No", please provide additional information.* Yes No
32. Are any storage tanks located within 25 metres of a waterbody? *If "Yes", please complete the Marina Supplemental Questionnaire.* Yes No
33. Have there been any past repairs, changes, upgrades to any of the storage tanks? *If "Yes", please provide additional information.* Yes No
34. Are there any planned repairs, changes, or upgrades to any of the storage tanks in the next twelve (12) months? *If "Yes", please provide additional information.* Yes No

Aboveground Storage Tanks (AST)

Tank Information								Piping Information					
Location	Tank #	Year Installed	Capacity (litres)	Construction Material	Double Wall? (Y or N)	Monitoring	Contents	Base Construction	Diking Construction	Year Installed	Construction Material	Double Wall? (Y or N)	Monitoring

Underground Storage Tanks (UST)

Tank Information								Piping Information			
Location	Tank #	Year Installed	Capacity (litres)	Construction Material	Double Wall? (Y or N)	Monitoring	Contents	Year Installed	Construction Material	Double Wall? (Y or N)	Monitoring

Construction Material

FG Fibreglass
 FRP Fibreglass Reinforced Plastic
 FCL Fibreglass Clad Steel
 CPS Cathodically Protected Steel
 PCS Polyethylene Clad Steel
 UPS Unprotected Steel
 STI STI-P3
 CON Concrete

Monitoring

IM Interstitial Monitoring
 ATG Automatic Tank Gauging
 MTG Manual Tank Gauging
 VM Vapour Monitoring Wells
 GW Groundwater Monitoring Wells
 SIR Statistical Inventory Reconciliation
 VIS Visual Inspections
 ATT Annual Tightness Tests

Contents

G Gasoline
 D Diesel
 FO Fuel Oil
 WO Waste Oil
 AF Aviation Fuel
 OP Other Petroleum (provide details)
 PHI Pesticide/Herbicide/Insecticide
 OC Other Chemical (provide details)

Base and Diking Construction

CON Concrete
 SYN Synthetic Material
 STL Steel
 CLY Clay
 DEG Dirt/Earth/Gravel
 N/A None