



POLLUTION LIABILITY // CONTRACTORS

APPLICATION

1. Please answer all questions. If any section does not apply, please indicate with "Not Applicable" OR "None".
2. If there is insufficient space to complete your answer for a particular question please use and attach as many additional pages as required to include any supplementary information.

APPLICATION FORMS PART OF THE POLICY

The Applicant(s) submission of this application including any additional information does not obligate the Applicant to buy insurance nor are we obligated to sell or offer insurance upon any specific terms requested. If insurance is effected, this Applicant's application, including any additional information provided, all will attach to and form part of the policy that is issued.

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

Section 1: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required:

Company Name: _____

Primary Address (Address, Province, Postal Code, Country): _____

Website Address: _____ Telephone: _____

Date the company was established (MM/DD/YYYY): _____ Parent Company: _____

1.2 Please state whether during the last 5 years:

a) The company has changed its name: Yes No

b) You have purchased any other business: Yes No

c) You have been involved in any mergers or consolidations: Yes No

If Yes, to a), b) or c) above please provide full details:

1.3 Please state the legal status of the company:

Sole proprietor Corporation Joint venture Other (please provide details):

1.4 Please state your gross revenue in respect of the following years:

	Last complete FY	Estimate for current FY	Estimate for next FY
Domestic revenue:	\$	\$	\$
USA revenue:	\$	\$	\$
Other territory revenue:	\$	\$	\$
Total gross revenue:	\$	\$	\$
Profit (Loss):	\$	\$	\$

POLLUTION LIABILITY // CONTRACTORS

APPLICATION

1.5 Please state any other entities that are to be included as named insured, including their relationship to you:

1.6 Please provide details for the primary contact for this insurance policy:

Contact name: _____ Position: _____

Email address: _____ Telephone: _____

Section 2: Business Activities

2.1 Please describe below the nature of your business activities:

2.2 Please complete the following in respect of your 3 largest projects in the past 3 years:

Name of Client	Nature of Work	Annual Contract Income	Duration

2.3 Please state whether you currently have in place:

a) Emergency response plans for all contracting activities: Yes No

b) A formal spill prevention, control and countermeasure plan: Yes No

c) A dedicated environment officer: Yes No

2.4 Please state whether you:

a) Own or lease any waste treatment, storage or disposal facility: Yes No

b) Recommend or arrange to use any waste treatment, storage or disposal facility owned by a third party: Yes No

2.5 Please complete the following in respect of how your revenue is generated by Province.

Please continue on the additional information page if necessary:

Province:	Revenue (%):	Operations undertaken:

POLLUTION LIABILITY // CONTRACTORS

APPLICATION

2.6 Please provide an approximate percentage breakdown of how your revenue is generated from your contracting activities in the capacity as:

General contractor (%): _____ Construction manager (%): _____

Sub-contractor (%): _____ Other (%): _____

If Other, please describe below:

2.7 Do you always carry out work under a written contract signed by every client? Yes No

Section 3: Customer Information

3.1 Please provide a percentage breakdown of your contracting activities provided to the following sectors:

Type of Customer	Revenue (%)
Government / Public Entity	
Commercial	
Industrial	
Residential	
Other (please specify):	

Section 4: Sub-Contractors

4.1 Do you employ subcontractors? Yes No

If Yes, please state whether they work under your permits, rights or authority or their own:

4.2 If the sub-contractors work under their own permits, do you check their permit is valid before any work is performed on your behalf?

Yes No

4.3 Please state whether you ensure that sub-contractors have their own commercial general liability, pollution liability, auto liability and errors and omission insurance: Yes No

If Yes, what limits of liability must be purchased?

Commercial general liability \$ _____ Pollution liability \$ _____

Auto liability \$ _____ Errors and omissions \$ _____

4.4 Please state whether you always hire sub-contractors under a signed written contract: Yes No

4.5 Please state whether the contracts include indemnification and hold harmless provisions in your favor: Yes No

4.6 Please state whether you are always named as an additional insured under the subcontractors' liability policies: Yes No

POLLUTION LIABILITY // CONTRACTORS

APPLICATION

Section 5: Contracting Activities

5.1 Please provide a breakdown of how your revenue is generated from your contracting activities, including the percentage of those contracting activities completed by sub-contractors:

Activity	Revenue (last 12 months)	Revenue (next 12 months)	% Sub-contracted
Asbestos/Lead abatement			
Aboveground tank (AST) installation			
Bridge construction			
Carpentry/Woodwork			
Concrete/Brickwork/Paving			
Construction/Building (commercial/office/retail)			
Construction/Building (residential)			
Demolition			
Dredging			
Electrical contracting			
Emergency spill response			
Excavation/Site grading works			
Excavation/Contaminated soil			
Exterior finishing system installation			
Facilities management			
Forestry/Logging			
General construction			
HVAC/Plumbing			
Industrial cleaning			
Industrial construction			
Landscaping/Gardening			
Marine activities (no dredging)			
Mechanical/Industrial/Equipment installation/Maintenance			
Oilfield services (no downhole or pipeline)			
Painting			
Pesticide/Fertilizer spraying (no aerial application)			
Piling/Foundation works			
Pipeline construction/Maintenance (industrial/chemical/fuel)			
Pipeline construction/Maintenance (gas)			
Pipeline construction/Maintenance (water/wastewater)			
Residential construction			
Road construction/Maintenance			
Roofing			
Soil/Groundwater drilling/Sampling			



POLLUTION LIABILITY // CONTRACTORS

APPLICATION

Activity	Revenue (last 12 months)	Revenue (next 12 months)	% Sub-contracted
Soil/Groundwater treatment/Remediation			
Steel erection			
Telecommunications			
Transportation (fuels/chemicals/other hazardous)			
Transportation (non-hazardous)			
Transportation/Collection of waste			
Tunneling			
Other (please state below)			
Total Project			

5.2 Please state whether any of the above contracting activities are provided in the USA: Yes No

If Yes, please provide full detail:

5.3 Please state how many years' experience you have in providing your contracting activities: _____

5.4 Please state whether you ever transport mobile fuel tanks to worksites: Yes No

If Yes, please state whether the tanks are always equipped with secondary containment: Yes No

Section 6: Transportation

Only complete this SECTION if you generate revenue from the transportation of non-hazardous or hazardous materials or waste:

6.1 Please state whether you hold valid licenses for the non-hazardous or hazardous materials or waste you transport: Yes No

6.2 Please state during the next 12 months:

a) The estimated mileage transporting non-hazardous or hazardous materials or waste: _____

b) How many journeys will be made transporting the non-hazardous or hazardous materials or waste: _____

c) The number and type of vehicles transporting polluting and hazardous materials:

Tractors: _____ Tank Trailers <3,500 gal: _____

Tank/Vacuum Trucks: _____ Tank Trailers >3,500 gal: _____

Flat Bed Trucks: _____ Flat Bed/Box Trailers: _____

Dump Trucks: _____ Passenger Vehicles: _____

Pickup Trucks/Vans: _____ Other (please describe): _____



POLLUTION LIABILITY // CONTRACTORS

APPLICATION

6.3 Please state whether all the vehicles transporting non-hazardous or hazardous materials or waste are equipped with spill kits: Yes No

6.4 Please state whether your auto insurance includes pollution liability: Yes No

If Yes, please state the limit of liability: _____

Section 7: Insurance Requirements

7.1 Please provide details of your current contractor's environmental and pollution insurance:

Effective Date (MM/DD/YY)	Limit Each Loss/Aggregate	Deductible	Retro Date (MM/DD/YY)	Insurer	Premium

7.2 Please state the limits of liability and the deductibles you would like us to consider quoting:

Option	Limit Each Loss	Aggregate Limit	Deductible
1			
2			
3			
4			

7.3 Please state the limit of liability of any pollution cover contained in your:

a) Commercial general liability policy: \$ _____

b) Errors and omissions liability policy: \$ _____

7.4 Please state whether any insurer has previously:

a) Declined your application for environmental insurance: _____

b) Refused to renew your policy: _____

c) Cancelled your policy: _____

d) Imposed any special terms and conditions: _____

If Yes to any of a), b), c) or d) above, please provide details:



POLLUTION LIABILITY // CONTRACTORS

APPLICATION

Section 8: Claims Experience

8.1 In the last 5 years, have you had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants or caused environmental damage as defined by applicable environmental laws or regulations? Yes No

If Yes, please provide full details and attach a copy of any correspondence:

8.2 Have you received any notices of violation or complaint, been fined or penalised or been the subject of any other enforcement action relating to your compliance with environmental law or standards (including applicable permits, licenses or consents)? Yes No

If Yes, please provide full details and attach any supporting documents:

8.3 Please state whether you have ever had any pollution claim made against you or whether you are aware of any pollution event or circumstance which may reasonably be expected to give rise to a claim: Yes No

If Yes, please provide full details and attach any supporting documents:

Section 9: Broker Information

Broker Name: _____ Brokerage: _____

Tel No: _____ Email: _____

How long have you known the Client? _____

Applicant's Name: _____

Applicant's Signature: _____ Date: _____