



# POLLUTION LIABILITY // SITE

## APPLICATION

- Please answer all questions. If any section does not apply, please indicate with "Not Applicable" OR "None".
- 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 // SITE

### 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:

---

---

---

### Section 3: Insured Locations

Please complete the following in respect of the main location for which coverage is required. If you require more than one location to be covered, please complete the 'Other Insured Location' Supplementary Application.

3.1 Please state the:

a) Name of the main location: \_\_\_\_\_

b) Address (address, province, postcode, country): \_\_\_\_\_

c) Size of the location (hectares): \_\_\_\_\_

3.2 Please describe the current and, if known, historical operations at this location:

---

---

---

---

3.3 Please state whether you own the location to be insured:  Yes  No

If No, please state the name of the owner: \_\_\_\_\_

3.4 Please state whether there are any other occupants, the nature of their business activities and their relationship to you:

---

---

---

---

## POLLUTION LIABILITY // SITE

APPLICATION

3.5 Please describe the properties that are immediately to the North, East, South and West of the location to be insured:

North: \_\_\_\_\_

East: \_\_\_\_\_

South: \_\_\_\_\_

West: \_\_\_\_\_

3.6 Please state the:

a) approximate distance to the nearest residential property: \_\_\_\_\_

b) approximate distance to nearest body of water: \_\_\_\_\_

c) type of body water (e.g. lake, river): \_\_\_\_\_

d) number of groundwater wells onsite: \_\_\_\_\_

e) type of wells (e.g. drinking, monitoring): \_\_\_\_\_

3.7 Please state whether public water and sewerage are supplied at this location:  Yes  No

If No, please state whether there is a septic tank or other type of waste water treatment system:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.8 Please state whether the location to be insured is within a flood plain:  Yes  No

3.9 Please state whether you are aware of any plans for redevelopment at the location to be insured:  Yes  No

If Yes, please provide full details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.10 Please state whether you are aware of any waste materials having been disposed of or buried at the location to be insured:  Yes  No

If Yes, please provide full details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## POLLUTION LIABILITY // SITE

APPLICATION

3.11 Please state whether you are aware if the location to be insured has had any previous indoor air quality or mold issues:  Yes  No

If Yes, please provide full details:

---

---

---

3.12 In respect of the location(s) to be insured, please state whether:

a) any environmental studies, reports or audits have been completed:  Yes  No

If Yes, please provide a copy of the study, report or audit.

b) there are any environmental permits, licenses or consents for this location:  Yes  No

If Yes, please provide a copy of the permit, licence or consent.

3.13 In respect of the location(s) to be insured please state whether:

a) any hazardous materials or chemicals are used, stored or treated on-site:  Yes  No

If Yes, please complete the Hazardous Materials Supplementary Application.

b) any water, wastewater or other treatment facilities onsite:  Yes  No

If Yes, please provide details in the Treatment Facility Supplementary Application.

c) there are any recycling facilities on-site, including landfill or any transfer station:  Yes  No

If Yes, please complete the Waste Facility Supplementary Application.

d) there are any aboveground or underground storage tanks on-site:  Yes  No

If Yes, please complete the Storage Tank Supplementary Application.

### Section 4: Environmental Information

4.1 Please state whether you have:

a) a dedicated Environmental Officer:  Yes  No

b) a spill prevention control and countermeasure plan in place:  Yes  No

c) an emergency response plan in place:  Yes  No

d) a documented inspection plan:  Yes  No

#### Section 5: Transportation

Only complete this SECTION if you are transporting non-hazardous or hazardous materials or waste as a part of your contracting services relating to the project.

5.1 Please state:

a) the percentage of cargo transported by: you (%): \_\_\_\_\_ Subcontractors (%): \_\_\_\_\_

b) the number and type of vehicles transporting polluting and hazardous materials:

<input type="checkbox"/> Tractors:	<input type="checkbox"/> Tank Trailers <3,500 gal:
<input type="checkbox"/> Tank/Vacuum Trucks:	<input type="checkbox"/> Tank Trailers >3,500 gal:
<input type="checkbox"/> Flat Bed Trucks:	<input type="checkbox"/> Flat Bed/Box Trailers:
<input type="checkbox"/> Dump Trucks:	<input type="checkbox"/> Passenger Vehicles:
<input type="checkbox"/> Pickup Trucks/Vans:	<input type="checkbox"/> Other (please describe):

c) the percentage split between bulk tanker and container/drum:

Bulk tanker (%): \_\_\_\_\_ Container/drum (%): \_\_\_\_\_

d) the percentage of cargo which consists of hazardous materials or waste (%): \_\_\_\_\_

e) the type of hazardous materials or waste transported: \_\_\_\_\_

f) if any other goods or commodities are transported: \_\_\_\_\_

5.2 Please state whether you hold all appropriate and valid licenses for the goods, hazardous materials or waste that you transport:  Yes  No

5.3 Please state the:

a) estimated mileage for the next 12 months: \_\_\_\_\_

b) estimated number of journeys per annum: \_\_\_\_\_

5.4 Are all vehicles equipped with spill kits?  Yes  No

5.5 Please provide details of pollution cover provided by your auto insurance and applicable policy limits:

---

---

---

---

5.6 Where transportation is performed on your behalf by a third party, please state:

a) what pollution insurance you require them to carry (cover and limits)? \_\_\_\_\_

b) what checks you perform to ensure that they are suitably licensed? \_\_\_\_\_

## POLLUTION LIABILITY // SITE

APPLICATION

### Section 6: Prior Insurance & Future Requirements

6.1 Please provide details of your current site/premises pollution insurance:

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

6.2 Please indicate the coverage you are requesting:

- Cleanup costs                       Third party liability                       Transportation Liability  
 Natural resource damage liability     Emergency costs

6.3 Please identify the limit and deductible options you would like us to consider:

Option	Limit Each Loss	Aggregate Limit	Deductible
1			
2			
3			
4			

6.4 Please confirm what pollution coverage and applicable limits you have in the following insurances:

- a) General Liability:            \$ \_\_\_\_\_  
 b) Professional Liability:      \$ \_\_\_\_\_

6.5 Please state whether any insurer has previously:

- a) Declined your application for any environmental insurance?     Yes     No  
 b) Refused to renew your policy?     Yes     No  
 c) Cancelled your policy?     Yes     No  
 d) Imposed any special conditions?     Yes     No

If you have answered Yes to a) - d) above, please provide details below:

---



---



---

#### Section 7: Loss/Compliance

7.1 In the last five 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:

---

---

---

---

---

7.2 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:

---

---

---

---

---

7.3 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 details and attach any supporting documents:

---

---

---

---

---

#### Section 8: Broker Information

Broker Name: \_\_\_\_\_ Brokerage: \_\_\_\_\_

Tel No: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known the Client? \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_