



Pollution Liability Insurance Application

Section I: General

1. Applicant's Full Name *(including subsidiaries and entities in which there is a controlling interest)*:

Postal Address:

2. Agent/Broker:

Postal Address:

3. Nature of business *(including products & services)*:

4. Locations of Insured's Operations:

Address	Occupancy	Date you took title	Acreage/Sq. Ft
		DD MMM YY	

5. Gross Annual Receipts Estimated *(ensuing year)*:

\$

6. Inspection Contact:

Name:

Title:

Phone No:

Section II: Site History

AT YOUR FACILITY:

1. Have any environmental audits, testing, soil sampling, water or air sampling or hydrogeological studies, been carried out in the last five years? Yes No
If yes, please attach a copy of the report.

2. Were there any past situations which could have led to a pollution incident? (e.g. spills, leakage, disposal) *If yes, please provide details of:* Yes No

Corrective action:

Cleanup cost: \$

3. Have there ever been any pollution incidents that required regulatory notification? Yes No
If yes, please provide details of:

Government contact:

Corrective action:

Cleanup cost: \$

4. Have contaminants been identified in your water system (including wells, water in take system & sewer system) or soil that exceed regulatory limits? Yes No
If yes, please provide details of:

Section III: Overview of Current Operations

DOES YOUR FACILITY:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. use contractors or sub-contractors who bring hazardous materials onto your premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. use any aboveground or underground storage tanks (either currently or past usage)?
<i>If yes, please complete a Storage Tank Data Sheet, form #59002.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. have hazardous materials stored at any of your premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. discharge waste materials into the atmosphere, open bodies of water or sewers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. have pits, ponds, lagoons, wastewater retention facilities or dumps? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. use independent contractors to dispose of your waste materials off-site?
<i>If yes, please provide details:</i> | <input type="checkbox"/> | <input type="checkbox"/> |

7. DESIGNATED HAZARDOUS MATERIALS

Does your facility have any of the following?	Is registration or a permit required? <i>If yes, please attach a copy</i>		Please indicate the quantity & location of each substance	
	YES	NO	Quantity	Location
PCBs	<input type="checkbox"/>	<input type="checkbox"/>		
Radioactive Substances	<input type="checkbox"/>	<input type="checkbox"/>		
Banned or phased-out Pesticides, Insecticides or Herbicides ¹	<input type="checkbox"/>	<input type="checkbox"/>		
Asbestos/Urea Formaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		
Designated Substances ²	<input type="checkbox"/>	<input type="checkbox"/>		
Ozone Depleting Substances ³	<input type="checkbox"/>	<input type="checkbox"/>		
Other Hazardous Substances ⁴	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE:

- 1 Examples of banned or phase-out substances are Aldrin, Chlordane, Chlordecone, DDT and derivatives, Dieldrin, Endrin, Mirex, Polybrominated Biphenyls and Toxaphene .
- 2 Designated Substances include those that are regulated by the Occupational Health and Safety Act and the Canadian Environmental Protection Act (CEPA), e.g., lead, mercury, vinyl chloride, isocyanates, silica, benzene, acrylonitrile and schedule I, II and III substances under CEPA.
- 3 Ozone Depleting Substances include Chlorofluorocarbons, Halons, Methyl Chloroform, Methyl Bromide and Carbon Tetrachloride, which are commonly used in refrigeration systems, foams and fire extinguishers.
- 4 Other Hazardous Substances include those in the Transportation and Dangerous Goods Act (TDGA). TDGA defines nine classes of dangerous substances:
 1. explosives;
 2. gases - (flammable, poisonous or corrosive);
 3. flammable liquids;
 4. flammable solids (e.g. nitrocellulose, sodium);
 5. oxidizing substances (e.g. organic peroxides);
 6. poisonous substances (e.g. sodium cyanide) and infectious substances (substances used in research into diseases such as rabies);
 7. radioactive materials;
 8. corrosive substances;
 9. miscellaneous substances - hazardous substances not belonging to any specified class.

Section IV: Insurance

1. Do you have pollution liability coverage currently in effect? Yes No
If yes, please provide details

Company Name:

Expiry Date:

DD	MMM	YY
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Aggregate: \$ Incident: \$ Deductible: \$

2. Is the policy written on a claims made, or occurrence basis?
3. Have there been any previous third party pollution claims (including unpaid claims), any complaints, any active ongoing or potential investigations of adjoining or neighbouring properties, or any third party claims in connection with neighbouring properties? Yes No
If yes, please provide details:

4. Has pollution coverage been declined in the past? Yes No
If yes, please provide details.

5. Proposed Limits of Insurance:

Aggregate: \$ Incident: \$ Deductible: \$

6. Proposed Policy Period: From:

DD	MMM	YY
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 To:

DD	MMM	YY
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 Retro Date:

DD	MMM	YY
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Applicant's Statement

The undersigned Applicant for this insurance declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The Applicant further represents that the statements and facts in the Application are true and that no material facts have been suppressed or misstated. The Undersigned further agrees that if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurer.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued.

It is also agreed that should a policy be issued, then the inclusion of more than one Insured under a policy certificate will not increase the Insurers' limit of liability.

Applicant's Signature:

Title:

Name of Applicant:

Date:

DD	MMM	YY
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