



INSTITUTIONAL ENVIRONMENTAL IMPAIRMENT LIABILITY APPLICATION

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:** _____
2. **Mailing Address:** _____
- Website Address:** _____

3. Description of Operations: (Check the boxes that apply)
- Hospital College/University Other: _____

4. Estimated gross operating budget: _____ Actual past year operating budget: _____

5. Legal address of locations to be scheduled: _____ Nature of the operations: _____
- _____
- _____
- _____

6. How long has the Applicant occupied the above site(s): _____

7. Inspection contact name: _____ Phone Number: _____

8. Please indicate the limit of liability required: _____

Please provide current coverage details:

Coverage	Insurer	Limits	Deductible/SIR	Policy Term	Retro-date	Premium

9. a) For hospitals:

Total number of beds: _____

Total number of staff: _____

b) For college/universities:

	Part-time	Full-time
Total number of students:		
Total number of faculty:		
Total number of other staff:		

10. Do any of the locations to be insured have above or underground storage tanks (in use or not) for fuels or other liquids? Yes No
If Yes, complete the Tank Supplement section below.

11. Indicate the number of owned/leased vehicles Trucks: _____ Other: _____
(Attach vehicle list and provide details of primary automobile policy)

12. Does any property generate, handle, store or dispose of hazardous materials or waste? Yes No
If Yes, provide the name of waste hauler and type of refuse handled:

13. Does the Applicant have an environmental safety committee or any employees vested with specific responsibility for environmental control? Yes No
If Yes, describe their duties and to whom they report.

14. During the last five years has the Applicant or anyone else conducted an environmental audit or survey of its premises or operations? Yes No
If Yes, provide copy.

15. Has there been any changes in exposure, processes or practices during the last 5 years that has altered (lessened or increased) the risk of pollution liability? Yes No
If Yes, provide details:

16. Are there any statutes, standards, or other city, provincial and federal regulations relating to the protection of the environment which apply to any location which the Applicant cannot at present comply? Yes No
If Yes, provide details:

17. Has the Applicant received any Notice of Violations, fines, penalties, complaints or enforcement actions regarding compliance in the past 5 years? Yes No
If Yes, provide details:

18. Has the Applicant been involved in any pollution related incidents in the past 5 years? Yes No
If Yes, provide details:

19. At the time of signing this Application, are you, the Applicant, aware of any facts or circumstances which may reasonably be expected to give rise to a claim against you? Yes No
If Yes, provide details:

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 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

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**



STORAGE TANK SUPPLEMENT

Complete a separate form for each location

1. Legal Address of the Site:

2. Are any tanks located near water (pond, river, lake, ocean or other body of water)? Yes No
If Yes, provide distance and describe:

3. Are any of the tanks being upgraded or removed within the next 12 months? Yes No
If Yes, provide details:

3. Do all tank systems comply with all federal and/or provincial requirements regarding construction, overflow/spill protection and leak detection for tanks, piping and dispensing systems? If No, provide details: Yes No

Item	Please Use a Separate Column for Each Tank							
	1		2		3		4	
Tank Identification								
Specify Above/Underground:	<input type="checkbox"/> Above <input type="checkbox"/> Under	<input type="checkbox"/> Above <input type="checkbox"/> Under	<input type="checkbox"/> Above <input type="checkbox"/> Under	<input type="checkbox"/> Above <input type="checkbox"/> Under	<input type="checkbox"/> Above <input type="checkbox"/> Under	<input type="checkbox"/> Above <input type="checkbox"/> Under	<input type="checkbox"/> Above <input type="checkbox"/> Under	<input type="checkbox"/> Above <input type="checkbox"/> Under
Year Installed:								
Contents:								
*Tank construction:								
*Piping construction:								
Capacity (in litres)								
Is tank inside or outside?	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out
Is there more than one compartment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is tank currently in service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ASTs: Is it dyked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ASTs: Are barriers in place to avoid vehicle impact? (Attach photos)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*AST: Base & Diking Construction								
*Leak Detection System:								

This Storage Tank Supplement forms part of the Application. The Applicant's signature on the Application represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

<p>*Tank Construction: DWS – Double Wall Steel DWF – Double Wall Fiberglass SWS – Single Wall Steel SWF – Single Wall Fiberglass S – Bare, Unprotected Steel CPS – Cathodically Protected Steel F – Fiberglass FRP – Fiberglass Reinforced Plastic FCL – Fiberglass Clad Steel PCL – Polyethylene Clad Steel C – Concrete PE – Polyethylene DWSL – (DW) Synthetic Liner in Tank Construction</p>	<p>*Piping Construction: DWS – Double Wall Steel DWF – Double Wall Fiberglass Reinforced SWS – Single Wall Steel SWF – Single Wall Fiberglass Reinforced SM – Approved Synthetic Material EPC – External Protective Coating</p> <p>*Base & Diking Construction I – Impermeable – (concrete, clay, synthetic) P – Permeable (dirt, earth, gravel) N – none</p>	<p>*Leak Detection: EM – Electronic Monitoring IM – Interstitial Monitoring PL – Precision Leak Testing PT – Pressure Test ATG – Automatic Tank Gauging VW – Vapour Monitoring Wells GW – Ground Water Monitoring Wells SIR – Statistical Inventory Reconciliation DS – Dip Stick MTG – Manual Tank Gauging VIS – Monthly Visual Inspection</p>
PRECISION LEAK TESTS ARE REQUIRED FOR TANKS 10 YEARS OR OLDER		