



EIL INSURANCE MUNICIPALITY APPLICATION

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

1. Name of Municipality and address of Municipal Offices:

2. a) Current population of Municipality: _____

b) Gross Operating Budget: _____

3. Inspection Contact (name of person & phone number):

4. Principal business and trading activities within the Municipality and adjacent areas:

5. Activities within Municipality to be covered by insurance (indicate population served):

Water supply	_____
Sanitary sewers	_____
Storm sewers	_____
Sewage treatment plant	_____
Solid waste collection	_____
Solid waste disposal	_____

6. **WATER SUPPLY**

Source of water: _____
Type of water treatment: _____
Location of water treatment plant: _____

Method of disposal of sludges and other waste from water treatment plant:

7. **DRAINAGE**

a) Indicate types of sewer involved and approximate length of sewers in each type:

Storm sewers _____

Sanitary sewers _____

Combined sewers _____

b) Number of lift stations incorporated in the sewer systems: _____

c) Is Standby Power provided for lift stations? Yes No
If No, what facilities are available for storage and/or overflow or bypassing of sewage:

d) Are chemicals used on streets for snow melting or any other purposes? Yes No
If Yes, list chemicals and quantities used annually:

8. **INDUSTRIAL WASTES**

a) List Industries discharging wastes other than those from washroom facilities into the municipal sewers:

- b) Is Pre-treatment of industrial wastes required by municipal bylaw? Yes No
If Yes, provide details of Municipal requirements:

9. WATER POLLUTION

- a) Location of water pollution control facilities:

- b) Type, method and degree of treatment provided by water pollution control facilities:

- c) Method of disposal of sewage sludges and other wastes from pollution control facilities:

10. LIQUID EFFLUENT DISCHARGES

- a) Indicate where all storm and sanitary sewage and other liquid effluents are discharged from municipal facilities into the environment:

- b) Do liquid effluent discharges meet the requirements of the regulatory authorities? Yes No
If No, explain:

11. SOLID WASTE DISPOSAL

a) What is method and frequency of solid waste collection?

By Municipal forces: _____

Frequency: _____

By others under contract: _____

Frequency: _____

b) Quantity and composition of waste collection:

_____ tons/year

_____ % Domestic

_____ % Commercial

_____ % Other (describe): _____

c) Legal address of each waste site to be scheduled:

d) Who is responsible for operation of solid waste disposal facilities?

e) Do the solid waste collection and disposal facilities meet the requirements of the regulatory authorities?

Yes No

If No, explain:

12. GENERAL

a) Do you own, operate or have responsibility for any facility which handles or disposes of any toxic, hazardous, radioactive or pathogenic waste?

Yes No

If Yes, explain:

- b) Do you own, operate or have responsibility for any facility the operation of which involves discharges to the atmosphere? Yes No

If No, explain:

- c) Do you store chemicals, fuels, or other materials, the release of which could result in environmental damage? Yes No

If Yes, complete the following (except for underground tanks for which the attached supplement must be completed)::

TYPE OF CHEMICAL OR FUEL	METHOD OF STORAGE	PROTECTION & INVENTORY CONTROL

- d) Do you use herbicides and/or insecticides? Yes No

If Yes, please advise types of chemicals and how applied:

- e) Do you have under your direct control, electrical equipment containing polychlorinated biphenols (PCB'S) or store any PCB contaminated materials? Yes No

If Yes, provide details:

- f) Are all municipal facilities operated in accordance with appropriate provincial and other Governmental regulations and requirements? Yes No

If No, detail facilities in non-compliance and reasons for such non-compliance:

13. **RECORD**

- a) Have you during the past 5 years been prosecuted for contravention of any standard or law relating to the release from the location of a substance into sewers, rivers, sea, air or onto land? Yes No
If so, give details:

- b) Have you had any pollution claims during the past 5 years? Yes No
If so, give details:

- c) At the time of signing this application, are you aware of any circumstances which may reasonably be expected to give rise to a claim under this coverage? Yes No
Have any articles regarding pollution situations connected to your municipality been represented in local newspapers? Yes No

If the answer to either question is Yes, provide full details including newspaper clippings:

14. **UNDERGROUND TANKS**

Please note that to qualify for coverage of the underground tank exposures, you must complete the Underground Tank Supplement attached.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BECOME PART OF THE POLICY.

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

Title

SUBMITTED BY: _____

EMAIL: _____

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

STORAGE TANK SUPPLEMENT

LIST OF LOCATIONS HAVING ABOVE OR UNDERGROUND TANKS:

LEGAL ADDRESS

METHOD OF INVENTORY CONTROL

TANK DATA

LOCATION NO.	ABOVE OR UNDERGROUND	CONSTRUCTION STEEL OR FIBERGLASS	PRODUCT STORED	CAPACITY	YEAR INSTALLED	PROTECTION: INDICATE YES OR NO		
						CATHODIC YES - NO	LEAK DETECTION YES - NO	DOUBLE LINED YES - NO