



## REMEDICATION CONTRACTORS APPLICATION

(Do Not Use For Construction Or Non Remediation Risks  
Use Specific Applications Available)

FOR USE IN APPLYING FOR THE FOLLOWING PRODUCTS:  
COMMERCIAL GENERAL LIABILITY AND CONTRACTORS POLLUTION LIABILITY FOR REMEDIATION OPERATIONS ONLY

**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:  
 Mould Removal       Asbestos Removal       Lead Removal       Oil Spill/Soil Remediation
4. Applicant's years of experience in this business: \_\_\_\_\_
5. Please indicate limit(s) of liability required: \_\_\_\_\_
6. Do you wish to insure all the Applicant's operations under this proposed policy?       Yes       No

**PLEASE NOTE OUR POLICY WILL BE RESTRICTED TO DEFINED OPERATIONS**

	Revenue Past 12 Months	Revenue Next 12 Months	% to be Sublet
7. <b>Revenues from Mould Remediation Operations:</b>			
a) Actual mould remediation			
b) Haulage			

	Revenue Past 12 Months	Revenue Next 12 Months	% to be Sublet
8. <b>Revenues from Asbestos Removal Operations:</b>			
a) Actual asbestos removal			
b) Set-up and take down			
c) Haulage			

	Revenue Past 12 Months	Revenue Next 12 Months	% to be Sublet
9. <b>Revenues from Other Related Operations:</b>			
a) Lead Removal			
b) Oil Spill/Soil Remediation			
c) Re-insulation			
d) Interior Demolition			
e) Other – Define: _____			

<b>Grand total from Sections 7, 8 and 9</b>			
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10. Does the revenue above total 100% of the Applicant's operations?       Yes       No

11. Does any one customer represent more than 25% of the Applicant's total revenue?  Yes  No  
 If Yes, provide details:

12. a) Indicate below the type of certification the Applicant has obtained (attach certification):

Asbestos Certification:

Mould Certification:

b) List other certifications, courses, seminars, etc. that the principals and supervisory staff have completed:

13. a) Does the Applicant have standard operating procedures? (If Yes, attach copy)  Yes  No

b) Is evidence of pollution liability insurance obtained from all subcontractors?  Yes  No  
 If Yes, what limit of insurance is required? \_\_\_\_\_

c) Does the Applicant require a written contract with your subcontractors?  Yes  No

d) Do the contracts contain hold harmless and indemnification provisions in the Applicant's favour?  Yes  No

If No, or if contracts are not used in all circumstances, explain your company policy on hold harmless and indemnification requirements for work done by subcontractors:

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14. Confirm air monitoring will be carried out by a consultant at all job sites  Yes  No  
 If Yes, indicate length of time records will be maintained: \_\_\_\_\_

15. Please provide Applicant's current coverage details in the chart below:

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

16. Indicate the number of owned/leased vehicles Trucks: \_\_\_\_\_ Other: \_\_\_\_\_  
 (Attach vehicle list and provide details of primary automobile policy, i.e., insurer, policy number and limit)

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:

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

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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:

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**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](http://www.markelinternational.ca)**