



ENVIRONMENTAL IMPAIRMENT LIABILITY APPLICATION
CLAIMS MADE – NEW BUSINESS

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

1. **NAME OF THE APPLICANT** (Include All Subsidiary Companies to be Covered):

POST OFFICE ADDRESS:

2. a) **LEGAL ADDRESS OF LOCATIONS TO BE SCHEDULED:** **NATURE OF OPERATIONS AT EACH LOCATION:**

A)	
B)	
C)	
D)	

(USE SEPARATE LIST IF NECESSARY)

b) Are any of the above locations occupied by other than the Applicant? Yes No
If Yes, please provide full details:

c) Do any of the above locations contain an open or closed landfill? Yes No
If Yes, a completed Landfill Questionnaire is required.

d) Off Premises Operational Exposures:
Indicate the nature of the operations that occur away from applicant's premises:

(IF COVERAGE FOR THESE OPTIONS REQUESTED, PLEASE COMPLETE CONTRACTOR'S APPLICATION)

3. How long has the applicant occupied the above sites? _____

4. Inspection Contact (Name of person and phone number):

5. Named Applicant is: Partnership Corporation Joint Venture Other

6. Sales:

a) Estimated (Coming year): _____

b) Last 5 Years:

	<u>Year</u>	<u>Amount</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

7. Describe the past uses of the location(s) including any inactive or closed landfills or surface impoundments:

8. Please list Raw Materials used at locations in Question 2.:

	Description	Per year	Any One Time	Method of Storage
A)				
B)				
C)				
D)				

9. a) Do any of the scheduled locations have above or underground storage tanks? Yes No
If Yes, how many? _____
If Yes, complete the attached Tank Supplement (Page 7)

- b) Do any of the scheduled locations have incinerators? Yes No
If Yes, indicate age and give details of material incinerated:

10. Are you in any way directly or indirectly involved with asbestos products or asbestos wastes? Yes No
If Yes, please explain:

11. Has there been any change in process during the last 5 years that has altered (lessened or increased) the risk of pollution liability? Yes No
If Yes, give details:

12. Do you 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:

13. During the last five years, have you or anyone else conducted an environmental audit or survey of your premises or operations? Yes No
If Yes, please indicate date of survey: _____ Done by: _____

Is there a copy available to underwriters? Yes No
If Yes, please attach a copy.

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

15. Semi-Solid and Solid Waste Disposal:

a) On-Site Disposal (Landfill, Surface Impoundment, Deepwell Injection, etc.)

COMPOSITION	QTY/YR	DISPOSAL METHOD

b) Off-Site Disposal:

COMPOSITION	ON SITE STORAGE METHOD	LENGTH OF STORAGE	QTY/YR	DISPOSAL FACILITY

c) Transporter Information:

<u>Name of Waste Hauler</u>	<u>Type of Refuse Handled</u>

16. Emissions and Effluent Control:

a) Describe in-plant waste treatment facilities provided to reduce the concentration of contaminants in the liquid effluent from the location:

b) Describe in-plant equipment provided to control air emissions:

c) Describe in-plant provisions made to recycle, re-use or separate materials from process wastes:

17. Details of Automobile Exposure:

NO.	TYPE OF VEHICLE	ATTACHED EQUIPMENT	RADIUS OF OPERATIONS	ANY TRAVEL IN U.S.A.

18. Details of Automobile Insurance:

a) Primary Policy: Limit: _____ Insurer: _____

b) Excess or Umbrella: Limit: _____ Insurer: _____

c) Is the policy subject to attached Machinery Exclusion SEF30? Yes No

19. Exposure to Surrounding Property:

a) Please describe the properties immediately adjacent to the location(s) to be covered:

b) Are groundwater monitoring wells onsite? Yes No
If Yes, give details:

20. Have you during the last 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 Yes, give details:

21. Please describe any pollution claims during the last 5 years (If none, please so state):

22. 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 policy? Yes No
If Yes, give details:

23. Are any of the locations to be scheduled contaminated? Yes No
 If Yes, give details:

24. Is a Canadian "Pollution Products/Completed Operations" extension required? Yes No
 If Yes, attach Products/Completed Operations Liability Application.

25. Limit requested: _____ Self Insured Retention: _____

Completion of this form does not bind coverage. Applicant's acceptance of 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.

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**

SUPPLEMENTARY INFORMATION: (Must be completed by the applicant or the Insurance broker)

General Liability and Umbrella Details:

Name of Carrier: _____ Limits: _____

Deductible: _____ Policy Period: _____

Umbrella Carrier: _____ Limits: _____

Please attach copies of the pollution exclusions appended to the above policies.

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