



# ENVIRONMENTAL IMPAIRMENT LIABILITY APPLICATION

- Claims Made – For Renewal Only -

**PLEASE ANSWER ALL QUESTIONS**

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

If you have any new locations or operations, please complete Form EIL191A for each new location.

**1. Name of Insured:**

\_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_

**Website Address:**

\_\_\_\_\_

Inspection Contact (Name of Person & Phone Number):

\_\_\_\_\_

**2. Sales:**

a) Estimated (Ensuuing Year): \_\_\_\_\_

b) Actual (Past Year): \_\_\_\_\_

**3. i) Legal Address of All Locations to be Scheduled**

**Nature of Activity Carried Out at  
or from Each Location**

A) \_\_\_\_\_

B) \_\_\_\_\_

C) \_\_\_\_\_

D) \_\_\_\_\_

USE SEPARATE LIST IF NECESSARY

ii) Are any of the above locations occupied by other than the Applicant?  
If Yes, please provide full details:

Yes  No

iii) 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)

4. Has there been any change in or improvements to your premises or operations during the past year that has lessened or increased the risk of pollution liability?  Yes  No  
 If so, give details:

5. 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:

6. Do any of the scheduled locations have above or underground storage tanks (used or unused)?  Yes  No  
 If Yes, please complete the attached Tank Supplement.

How many? \_\_\_\_\_

7. Hazardous Waste Transporter and Treatment Contractors used in your operations:

Name of Waste Hauler or Treater

Type of Waste Handled


8. Details of Automobile Exposure:

No.	Type of Vehicle	Attached Equipment	Radius of Operations

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

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10. 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 so, give details:

11. Please describe any pollution claims during the last year. (If None, please so state):

12. 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  
If so, give details:

13. Is a Canadian "Pollution Products/Completed Operations" Extension required?  Yes  No

14. Limit Requested: \_\_\_\_\_ Retention: \_\_\_\_\_

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

**General Liability and Umbrella Details:**

Name of Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_

Deductible: \_\_\_\_\_ Policy Period: \_\_\_\_\_

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

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, 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

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:**  
**[www.markelinternational.ca](http://www.markelinternational.ca)**

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## STORAGE TANK SUPPLEMENT

LIST OF LOCATIONS HAVING ABOVE OR UNDERGROUND TANKS:

LEGAL ADDRESS

METHOD OF INVENTORY CONTROL

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## 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