



SERVICE STATION PROGRAM ENVIRONMENTAL IMPAIRMENT PROPOSAL FORM

PLEASE ANSWER ALL QUESTIONS

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

Important Notice: This is an application for a claims made policy. No coverage is provided for any claims arising from any contamination conditions known to exist at the date this application is signed.

1. **Name of Applicant:**

Operating Name:

Mailing Address:

Website Address: _____

2. Applicant is:

Individual

Partnership

Joint Venture

Other

3. Operated by:

Applicant

Lessee

Franchisee

Employee

4. Inspection Contact (Name of Person & Phone Number):

5. Legal Address of All Locations to be Scheduled Owned Leased Nature of Operations at Each Location

A) _____ _____

B) _____ _____

C) _____ _____

D) _____ _____

USE SEPARATE LIST IF NECESSARY

6. Business/Occupation:

- Service Station
 Repair Garage
 Car Wash
 Gas Bar
 Convenience Store

7. Declare other exposures and revenue:

8. How long has the Applicant occupied the above sites? _____

9. Tanks are: Owned Leased Provide a copy of the leasing agreement.

10. Has there ever been or are there currently abandoned/unused tanks at any of the sites: Yes No

If Yes, please complete the following information:

Location	Age	Capacity	Construction	Product Previously Stored	Date Abandoned	Scheduled Date to be Removed	Tanks Filled with Sand/Concrete

11. 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:

12. During the last five years have you or anyone else conducted an environmental audit, survey or tank tests of your premises, operations or tanks? Yes No

If Yes, please indicate:

Date of Survey: _____ Done by: _____

Attach Copies of Surveys or Tank Tests

13. Do you comply with all municipal, provincial and federal statues, regulations or standards? Yes No

If No, please explain:

14. Exposure to Surrounding Property:

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

b) Are groundwater monitoring wells on site?
If Yes, give details:

Yes No

15. Have you during the last 5 years been prosecuted for contravention of any standard or law relating to the release to or from the location of a substance into sewers, rivers, sea, air or onto land?
If Yes, give details:

Yes No

16. Has coverage been declined, suspended or cancelled in the past?
If Yes, give details:

Yes No

17. Do you now have environmental impairment liability insurance?

Yes No

If Yes, did it provide coverage for: Off-Site On-Site Both

Please provide the following details:

Policy Term	Carrier	Claims Made or Occurrence	Limit	Deductible or SIR	Premium	Retroactive Date

18. Please describe any pollution claims or incidents during the last 5 years (if none, please so state):

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

20. Have any of the locations to be scheduled ever been contaminated or are any currently contaminated? Yes No
If so, give details:

21. On Site Limit Required: _____ Self Insured Retention for On Site: _____
Off Site Limit Required: _____ Self Insured Retention for Off Site: _____

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation as well as the fully completed, signed and dated original Application and Supplement are required prior to policy issuance.

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

By:

Title

SUBMITTED BY: _____

EMAIL: _____

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



STORAGE TANK SUPPLEMENT

Complete a separate form for each location (coverage shall only apply to declared tanks).

1. Legal Address of the Site:

2. Is site located near water (pond, river, lake, ocean or other body of water)? Yes No
 If Yes, describe:

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

Item	Please Use a Separate Column for Each Tank			
Tank Identification	1	2	3	4
Specify In/Above Ground:	<input type="checkbox"/> In <input type="checkbox"/> Above	<input type="checkbox"/> In <input type="checkbox"/> Above	<input type="checkbox"/> In <input type="checkbox"/> Above	<input type="checkbox"/> In <input type="checkbox"/> Above
Year Installed:				
Type of Corrosion Protection:	(Copy of the latest test must be provided)			
A. Fiberglass	A.	A.	A.	A.
B. Cathodic	B.	B.	B.	B.
Piping Construction:	(Copy of the latest test must be provided)			
A. Fiberglass	A.	A.	A.	A.
B. Steel with Cathodic	B.	B.	B.	B.
C. Year Cathodic Installed	C.	C.	C.	C.
Above Ground Tanks:	(Copy of the latest test must be provided)			
A. Dyked/Undyked?	A.	A.	A.	A.
B. Steel with Cathodic	B.	B.	B.	B.
C Barriers Surrounding Tank	C.	C.	C.	C.
Inventory Control System & Frequency:				
Product Stored				
Specify Tank Capacity:	(Copy of the latest test must be provided)			
A. Gallons	A.	A.	A.	A.
B. Litres	B.	B.	B.	B.
Do any of the tanks have more than one compartment?				

The Applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. The applicant further acknowledges and agrees that coverage shall only apply to the tanks declared herein.

 Applicants' Signature and Title

 Date Signed