

APPLICATION

CONTRACTOR'S POLLUTION LIABILITY



Instructions:

- Please type or print clearly, answering all questions completely.
- The application must be completed, date and signed by an authorized representative of the Applicant.
- In addition to the completed application, please provide the following supporting information:
 - Details or copies of the Applicant's Environmental Management Plans and Loss Prevention Measures.
 - Copies of the Applicant's recent and valued Commercial General Liability and Contractor's Pollution Liability 5 year loss runs.
 - Copies of the Applicant's relevant qualifications, training, licensing or certification documents.

Applicant Information

1. Name: _____
2. Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____
3. How long has the Applicant been in business? _____
4. Is the Applicant owned or controlled by another company? Yes No
 If "Yes", please describe: _____
5. Does the Applicant own or have any subsidiaries? Yes No
 If "Yes", please describe or attach a list with the names and descriptions of each: _____
6. Does the Applicant have the following formal written documents? If "Yes", please attach.

a. Health and Safety Manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Emergency Response Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Spill Prevention, Control and Contaminant Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Quality Assurance and Quality Control Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Estimated Annual Gross Revenues:

a. Current Year	\$	_____
b. Next Year (Projected)	\$	_____
8. Please specify the percentage breakdown of revenue by type of client/construction:

Residential: _____ %	Commercial: _____ %	Institutional: _____ %
Industrial: _____ %	Healthcare: _____ %	Governmental: _____ %
9. Please specify the territorial breakdown:
 Canada: _____ % USA: _____ % Other: _____ % Please specify "Other": _____
10. Are subcontractors hired under written contract? Yes No
 If "Yes", are subcontractors required to carry Pollution Liability insurance? Yes No
 If "Yes", what is the minimum Pollution Liability limits required? _____
11. Do you transport any liquids, chemicals, or hazardous materials for yourself or for others? Yes No
 If "Yes", please provide the number of operated automobiles by type:
 Private Passenger _____ Light Truck _____ Medium Truck _____ Heavy/Extra Heavy Truck _____
 What cargo or material is hauled? _____
12. Is coverage for Microbial Matter (Mould) requested? Yes No
 If "Yes", please answer the following:

a. Do you have formal written plans to prevent, inspect or remediate microbial matter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do you perform training for labourers and/or subcontractors on microbial matter prevention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Do your construction/consulting contracts contain any disclaimers or limitations of liability for the existence of microbial matter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Please identify the projected revenue by specific categories and the percentage of subcontracted for each. The sum of contracting operations gross revenues should equal the projected revenues indicated in question 7.b., above.

Contracting Operations	Projected Gross Revenue	% Subcontracted
Abatement / Remediation Activities		
Asbestos - Residential		
Asbestos - Non-Residential		
Mould - Residential		
Mould - Non-Residential		
Other (Specify) - Residential		
Other (Specify) - Non-Residential		
Carpentry / Framing		
Demolition / Dismantling		
Dredging Activities		
Expansion of Waterways		
Remedial		
Drilling		
Environmental Activities		
Oil & Gas		
Water		
Electrical		
Emergency Spill Response & Cleanup		
General Construction & Management		
Environmental Activities		
Non-Environmental Activities		
Groundwater & Soil Activities		
Cleanup		
In-situ Treatment		
Sampling		
Hauling		
Dry Goods		
Oilfield Fluids		
Petroleum - Residential		
Petroleum - Non-Residential		
Hazardous Wastes		
Non-Hazardous Wastes		
Other (Specify)		
HVAC / Mechanical (including Duct Cleaning)		
Residential		
Non-Residential		
Industrial Cleaning (including Septic / Sewer)		
Landfill Construction / Expansion / Capping		
Landscaping - Non-Spraying Activities		
Landscaping - Spraying Activities		
Liner Installation		
Logging		
Marine Construction or Other Marine Activities		
Masonry & Concrete		
Painting & Coating		
PCB Handling		
Pipeline Construction		
Plumbing		
Railroad Construction		
Residential Home Construction		
Restoration Contracting		
Roofing		
Soil Excavation / Grading		
Storage Tank Installation / Removal / Maintenance		
Aboveground Storage Tanks		
Underground Storage Tanks		
Street & Road Construction		
Third Party Facility Operation & Maintenance		
Other Contracting Activities (Specify)		

14. Does the Applicant currently have pollution liability insurance? Yes No

If "Yes", please provide the following information:

Insurer:	
Renewal Date:	
Limit of Liability:	
Deductible:	
Retroactive Date:	

15. Limits of Liability Requested:
- \$1,000,000 / \$1,000,000 \$2,000,000 / \$2,000,000 \$3,000,000 / \$3,000,000
- \$4,000,000 / \$4,000,000 \$5,000,000 / \$5,000,000 Other _____

16. Deductible Requested:
- \$5,000 \$15,000 \$50,000
- \$10,000 \$25,000 Other _____

17. Policy Form Requested: Claims-Made Occurrence

18. Do you require any Additional Named Insureds and/or Additional Insureds to be added to this policy? Yes No
- If "Yes", please provide information below.*

Name	Relationship with Applicant

If "Yes" to Questions 19. through 22. below, please provide a description of the information, claim, or circumstance within the section provided or on the Applicant's letterhead referencing the applicable question number(s) in addition to providing supporting documentation.

19. Has the Applicant has or caused any reportable spills of regulated substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations? Yes No
20. Has the Applicant received any fines, penalties, notice of violations, complaints or enforcement actions regarding compliance in the past five (5) years? Yes No
21. Has the Applicant ever had a claim or order issued against them for cleanup or bodily injury or property damage resulting from release of any pollutants? Yes No
22. Is the Applicant aware of any facts or circumstances which could reasonably be expected to give rise or result in a claim or order against them? Yes No

Additional Comment Section:

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 the 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

Name of Applicant (please print)

Applicant's Title (please print)