

# CONTRACTOR'S POLLUTION LIABILITY INSURANCE



## PART 1 GENERAL INFORMATION

Name of Insured (Full Legal Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Risk Location Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Principal(s): \_\_\_\_\_

Business Operations: \_\_\_\_\_

Website Address (if applicable):: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_

Previous Insurer: \_\_\_\_\_

Has any Insurer cancelled, declined, or refused you coverage? If yes, please provide details:  Yes  No

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART 2 OPERATIONS AND REVENUE PROFILE

Environmental Operations	Gross Revenue performed in the last 12 months	Gross Revenue projected for the next 12 months	Projected percentage to be sublet
Abatement: Asbestos/Lead	\$	\$	%
Mould	\$	\$	%
Barrier/Liner Contractors	\$	\$	%
Dredging	\$	\$	%
Emergency Haz Material Cleanup	\$	\$	%
Groundwater Sampling	\$	\$	%
Groundwater Treatment and Recovery	\$	\$	%
Haz Material Cleanup, Soil Excavation	\$	\$	%
Hydrocarbon or Chemical Recycling/Recovery	\$	\$	%
Mobile Incinerators	\$	\$	%
On-site Haz Waste Treatment	\$	\$	%
PCB Oil/Equipment Retrofill and Removal	\$	\$	%
Soil Sampling	\$	\$	%
Tank Removal/Installation	\$	\$	%
Waste Storage	\$	\$	%
Other (explain)	\$	\$	%

Non-Environmental Operations	Gross Revenue performed in the last 12 months	Gross Revenue projected for the next 12 months	Projected percentage to be sublet
Carpentry	\$	\$	%
Construction Management	\$	\$	%
Demolition/Dismantling	\$	\$	%
Drilling	\$	\$	%
Electrical	\$	\$	%
Excavation (Non Haz)/Grading	\$	\$	%
General Contracting	\$	\$	%
Home Builders, Developers	\$	\$	%
HVAC/Mechanical	\$	\$	%
Industrial Cleaners (incl. Sewer/Septic)	\$	\$	%
Insulation	\$	\$	%
Logging	\$	\$	%
Masonry/Concrete	\$	\$	%
Marine	\$	\$	%
Oil Lease	\$	\$	%
Operations and Maintenance	\$	\$	%
Painting	\$	\$	%
Pesticide, Herbicide, Fungicide, Fertilizer appl.	\$	\$	%
Pipeline Construction/Cleaners	\$	\$	%
Plumbing	\$	\$	%
Roofing	\$	\$	%
Steel Erection	\$	\$	%
Street and Road Construction	\$	\$	%
Other (explain)	\$	\$	%

What type of work is sublet? \_\_\_\_\_

Does the Applicant ask subcontractors to show evidence of environment liability insurance including the Applicant as an Additional Insured?  Yes  No

What are the minimum limits of liability the Applicant requires from subcontractors?

Commercial General Liability: \_\_\_\_\_ Automobile: \_\_\_\_\_  
 Environmental Liability: \_\_\_\_\_ Professional Liability: \_\_\_\_\_

Does the Applicant enter into formal contractual agreements with subcontractors?  Yes  No

If yes, does the Applicant include a "hold harmless" clause in the Applicant's favour? (Please submit a copy of the usual contract form.)  Yes  No

Does the Applicant enter into written contracts where the Applicant assumes liability? If yes, please attach copies of all insurance requirements and indemnification clauses.

Yes  No

Please list below the Applicant's three largest projects (current or completed) during the last 24 months:

Name	Location	Revenue	Services Provided

Please provide a percentage of total revenue by client type (total should equal 100%):

Industrial (water treatment plants, pipeline, processing plants, etc.): \_\_\_\_\_ %

Infrastructure (bridges, roads, landfill, etc.): \_\_\_\_\_ %

Residential (condos, apartments, homes, etc.): \_\_\_\_\_ %

Institutional/Public (hospitals, nursing homes, schools, hotels, etc.): \_\_\_\_\_ %

Commercial (malls, offices, warehouses, etc.): \_\_\_\_\_ %

Other, please list: \_\_\_\_\_ %

Total \_\_\_\_\_ %

### PART 3 LOSS EXPERIENCE

Have any claims been previously made against the Applicant or reported under any other contractors' pollution policies?

Yes  No

If yes, please provide details including (a) the date when the claim was made; (b) the date the incident, giving rise to the claim, took place; (c) the nature of the claim; (d) the amount paid or estimated may be paid; and (e) the current status.

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Is the Applicant aware of any fact, circumstance or situation which could result in a claim being made against the Applicant or any other person/entity for whom coverage is being sought:

Yes  No

If yes, please provide details:

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**PART 4 OTHER INFORMATION**

Does the Applicant or has the Applicant ever operated under a different name? If yes,  Yes  No

please provide the name:

Have there been any claims against any of those entities named in (a) above? Have there been any claims against any of those entities named in (a) above?  Yes  No

If yes, please provide details:

Does the Applicant have a written Health and Safety Manual for all employees? Does the Applicant have a written Spill Prevention, Control and Containment Plan?  Yes  No

Yes  No

What protocol is in place for the handling, temporary storage and protection from weather of waste materials at a job site?

Does the Applicant select or recommend storage, landfill or disposal locations for waste materials on behalf of the client?  Yes  No

Does the Applicant confirm that the location is licensed to accept the waste materials?  Yes  No

Limit of liability required:  \$1,000,000  \$2,000,000  \$5,000,000  Other \$

Deductible required:  \$5,000  \$10,000  \$25,000  Other \$

Current Insurer? \_\_\_\_\_ Renewal date? \_\_\_\_\_

Has any insurer ever cancelled, declined or refused to renew or issue insurance of the type applied for?  Yes  No

If yes, please provide details:

**PART 5 INCIDENTAL TRANSIT INFORMATION**

Total number of vehicles hauling contaminated materials?

4,500 kg or less: \_\_\_\_\_ over 4,500 kg: \_\_\_\_\_

What type of contaminated materials is hauled?

How is the cargo transported?  Container  Bulk Maximum radius of operations? \_\_\_\_\_ km

How often and for what types of projects does the Applicant assume responsibility for transportation?

How often does the Applicant hire third party transportation companies to haul contaminated materials on the Applicant's behalf?

Does the Applicant have a Vehicle Maintenance Program in place for all vehicles?  Yes  No

Does the Applicant have an Automobile Safety and Training Program for all employees?  Yes  No

Does the Applicant obtain annual driver abstracts for all employees operating the Applicant's vehicles?  Yes  No

Please identify any claims or incidents resulting from transported cargo in the last five years under any policy form:



**NOTICE TO APPLICANT:**

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein;  
or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_