



[Complex Risk]

## **CONTRACTORS POLLUTION LEGAL LIABILITY APPLICATION**

**CONTRACTORS POLLUTION LEGAL LIABILITY APPLICATION****PART 1 GENERAL INFORMATION**

Broker:

Broker Phone:

Broker Contact:

Broker Email:

Applicant Name(s):

Subsidiaries:

Mailing Address:

City:

Province:

Postal Code:

Telephone No.:

Email:

Website:

**PART 2 COMPANY DETAILS**

Date Company Established (DD/ MM/ YYYY):

Company Structure:

☐

Sole Proprietor

☐

Corporation

☐

Partnership

☐

Joint Venture

☐

Other

**PART 3 COMPANY OPERATIONS**

Description of Operations:

Number of years' experience:

Do you undertake any contracting operations on offshore rigs, platforms, or other permanent structures? ☐ Yes ☐ No

If so, please provide details:

Do you ever take mobile fuel tanks to job sites? ☐ Yes ☐ NoDo you have a written emergency spill response procedure and take spill containment kits to job sites? ☐ Yes ☐ NoIf you subcontract work, do you require your subcontractors to carry liability coverage? ☐ Yes ☐ No

If yes, what limit do you require?

Are certificates of insurance required? ☐ Yes ☐ NoDoes the applicant assume any contractual liability by verbal or written agreement? ☐ Yes ☐ No

Please explain and attach copies if applicable:

Do you require a written contract with subcontractors containing hold harmless and indemnification provisions with respect to environmental/ pollution incidents prior to them commencing work for you? ☐ Yes ☐ No

## PART 4 REVENUE BREAKDOWN

Total Estimated Gross Revenues: \$

Total Actual Gross Revenues: \$

Total Prior Gross Revenues: \$

| <b>Breakdown of Operation Revenues</b>  |                            |                 |
|---|----------------------------|-----------------|
|   | \$ Estimated Gross Revenue | Subcontracted % |
| Asbestos/ Lead Abatement - Residential  | \$                         | %               |
| Asbestos/ Lead Abatement – Commercial/ Public   | \$                         | %               |
| Asbestos/ Lead Abatement – Other  | \$                         | %               |
| Mold Abatement – Residential  | \$                         | %               |
| Mold Abatement – Commercial/ Public   | \$                         | %               |
| Mold Abatement – Other  | \$                         | %               |
| Barrier/ Liner Construction   | \$                         | %               |
| Construction or Project Management (Supervision of Environmental Construction Activities)               | \$                         | %               |
| Dredging (Remedial)   | \$                         | %               |
| Emergency Response Cleanup of Hazmat & Other Materials  | \$                         | %               |
| Environmental Contracting   | \$                         | %               |
| Groundwater/ Soil Sampling (At Job Site)  | \$                         | %               |
| Hazmat Soil/ Groundwater Clean-up (At Job Site)   | \$                         | %               |
| Landfill Construction/ Expansion/ Capping   | \$                         | %               |
| PCB Removal   | \$                         | %               |
| UST Installation/ Removal/ Maintenance  | \$                         | %               |
| AST Installation/ Removal/ Maintenance  | \$                         | %               |
| Hauling (Including packing & storage) associated with environmental contracting operations listed above | \$                         | %               |
| Industrial Cleaning   | \$                         | %               |
| Other (Please describe)   | \$                         | %               |
| <b>Total Environmental Contracting Revenue (CDN)</b>  | <b>\$</b>                  |                 |

| <b>Non-Environmental Contracting Operations</b>                             |                            |                 |
|---|----------------------------|-----------------|
|   | \$ Estimated Gross Revenue | Subcontracted % |
| Carpentry/ Framing  | \$                         | %               |
| Construction or Project Management (Supervision of Construction Activities) | \$                         | %               |
| Demolition/ Dismantling   | \$                         | %               |
| Dredging  | \$                         | %               |
| Drilling (Oil/ Water/ Gas)  | \$                         | %               |
| Electrical  | \$                         | %               |

|   |           |   |
|---|-----------|---|
| Excavation/ Grading   | \$        | % |
| Residential Builders/ Developers                              | \$        | % |
| Hauling – Other than that listed in the Environmental Section | \$        | % |
| HVAC/ Mechanical  | \$        | % |
| Labour Subcontractor/ Temporary Employment Agencies           | \$        | % |
| Logging   | \$        | % |
| Masonry/ Concrete   | \$        | % |
| Marine Construction & Other Marine Operations                 | \$        | % |
| Non-Environmental Contracting                                 | \$        | % |
| Oil and Gas Leasing   | \$        | % |
| Operations & Maintenance of a facility for others             | \$        | % |
| Painting/ Coatings Application (non-abatement)                | \$        | % |
| Pesticide/ Herbicide/ Fertilizer Application – Landscaping    | \$        | % |
| Pipeline/ Railroad Construction or Maintenance                | \$        | % |
| Plumbing  | \$        | % |
| Restoration Contractors (Fire/ Water Damage)                  | \$        | % |
| Roofing/ Insulation   | \$        | % |
| Steel Erection  | \$        | % |
| Street & Road   | \$        | % |
| Wetlands Contracting  | \$        | % |
| Other (Please describe)                                       | \$        | % |
| <b>Total Non-Environmental Contracting Revenue (CDN)</b>      | <b>\$</b> |   |

## PART 5 LOCATION INFORMATION

List of all locations owned/leased:

| Address | Size (SQ FT) | Description | Operations |
|---------|--------------|-------------|------------|
|         |              |             |            |
|         |              |             |            |
|         |              |             |            |
|         |              |             |            |

## PART 6 TRANSPORTATION/ HAULING

Do you hold all required licenses for the goods or waste hauled? ☐ Yes ☐ No

Total projected annual mileage:

Is any transportation performed outside of Canada? ☐ Yes ☐ No If 'Yes', where?

Percentage of mileage outside of Canada: % Territories travelled to:

**PART 7 INSURANCE HISTORY & REQUIREMENTS**

Please provide details of your current **Contractors Pollution Liability** insurance policy:

| Effective Date:<br>(MM/DD/YYYY) | Limit: | Deductible: | Premium: | Insurer: |
|---------------------------------|--------|-------------|----------|----------|
|                                 | \$     | \$          | \$       |          |

Please provide details of your required **Contractors Pollution Liability** insurance policy:

| Effective Date:<br>(MM/DD/YYYY) | Limit: | Deductible: | Premium: | Insurer: |
|---------------------------------|--------|-------------|----------|----------|
|                                 | \$     | \$          | \$       |          |

**PART 8 CLAIMS HISTORY**

- a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or: ☐ Yes ☐ No
- b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or: ☐ Yes ☐ No
- c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or any partners or directors thereof, or: ☐ Yes ☐ No
- d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body? ☐ Yes ☐ No

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

| TYPE OF LOSS | DATE OF LOSS | DESCRIPTION OF LOSS | \$ RESERVE OR LOSS<br>AMOUNT PAID BY INSURER | \$ RETAINED LOSS OR<br>DEDUCTIBLE PAID BY YOU |
|--------------|--------------|---------------------|--|---|
|              |              |                     | \$   | \$  |
|              |              |                     | \$   | \$  |
|              |              |                     | \$   | \$  |

\*Please attach any available insurance company loss reports with this application

## 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, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.**

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

Applicant's Signature:

Position:

Please print name:

Date:

## BROKER DECLARATION

How long have you known this Applicant?

Is this account new or renewal to you?

Have you personally viewed the Applicant's operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this Applicant?

Broker's Signature:

Position:

Please print name:

Date: