

[Complex Risk]

CONTRACTORS POLLUTION LIABILITY RENEWAL APPLICATION



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PART 1 GENERAL INFORMATION			
Broker:		Broker Phone:	
Broker Contact:	ntact: Broker Email:		
Applicant Name(s):			
Subsidiaries:			
Address:			
City:		Postal Code:	
Telephone No.:	P No.: Email:		
Website:			
PART 2 EXPIRING POLICY DETAILS			
Policy Number:		Policy Expiring Date:	
PART 3 RENEWAL DETAILS Please describe below any variation to the existing changes	g Covered Operations or	Risk Profile that the Insured is aware o	f, if there is no variation, please confirm no
Please outline any other requests for changes to t	he current policy to be co	onsidered by the Insurer at renewal:	
PART 4 REVENUE BREAKDOWN			
Estimated Gross Revenues:	Last Year:	Curren	t Year:
Environmental Contracting Operations			
		Estimated Gross Revenue	% Subcontracted
Asbestos/ Lead Abatement - Residential		\$	%
Asbestos/ Lead Abatement – Commercial/ Public		\$	%
Asbestos/ Lead Abatement – Other		\$	%
Mould Abatement – Residential		\$	%
Mould Abatement – Commercial/ Public		\$	%



Mould Abatement – Other	\$ %
Barrier/ Liner Construction	\$ %
Construction or Project Management (Supervision of Environmental Construction Activities)	\$ %
Dredging (Remedial)	\$ %
Emergency Response Cleanup of Hazmat & Other Materials	\$ %
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 Environmental Contracting (Please describe)	\$ %
Total Environmental Operations Revenue	\$

Non-Environmental Contracting Operations		
	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	\$	%
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 - Non-Environmental Co	ontracting (Please Desc	cribe)	\$		%
Total Non-Environmental Co	ontracting Operation	ns Revenue	\$		
Do you undertake any contrac	ting operations on of	fshore rigs, platforms, c	or other permanent struc	ctures? Yes No	
If so, please provide details:					
Do you ever take mobile fuel t	anks to job sites?	Yes No			
Do you have a written emerge	ncy spill response pr	rocedure and take spill o	containment kits to job s	sites? Yes No	
If you subcontract work, do yo	u require your subco	ntractors to carry liabilit	y coverage? Yes	No	
If yes, what limit do you requir	e?				
Are certificates of insurance re	equired? Yes	No			
Does the applicant assume ar	y contractual liability	by verbal or written ag	reement? Yes	No	
Please explain and attach cop	ies if applicable:				
Do you require a written contri		ors containing hold harm	nless and indemnificatio	on provisions with respect to o	environmental/ pollution
Please provide details of your	required Contractor	s Pollution Renewal L	iability insurance policy	/	
Effective Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Ir	nsurer:
	\$	\$	\$		
a) During the existing policy period, has the Insured(s) had any reportable releases or oil spills of hazardous substances, hazardous wastes, or any					
		le environmental regula	. — —	No	es, nazardous wastes, or any
If 'Yes', please provide details	:				
b) During the existing policy period, has the Insured(s) been prosecuted or is the Insured(s) currently being prosecuted for contravention of any standard or law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental regulations? Yes No					



If 'Yes', please provide details:	
c) During the existing policy period, has there been any claims for clean-up, bodily injury, property damage, or nuisance, resulting from the re	elease
of a hazardous substance, hazardous waste, or other pollutant as defined by applicable environmental regulations?	
If 'Yes', please provide details:	
d) At time of signing this application, are there any known facts or circumstances which may reasonably be expected to result in a claim or cl	aims
being asserted against an Insured for environmental clean-up, bodily injury or property damage arising from the release of pollutants into t	he
environment? Yes No	
If 'Yes', please provide details:	
e) At the time of signing this application, is there any material information, in addition to that disclosed in response to the questions above, w	hich
should be disclosed? Yes No	
If 'Yes', please state here and/ or attach documents and direct the Insurer to the relevant sections:	

*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
- 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:	

