



[Complex Risk]

ENVIRONMENTAL LEGAL LIABILITY APPLICATION

ENVIRONMENTAL LEGAL LIABILITY APPLICATION**PART 1 GENERAL INFORMATION**

Broker:	Broker Phone:	
Broker Name:	Broker Email:	
Applicant Name(s):		
Subsidiaries:		
Mailing Address:		
City:	Province:	Postal Code:
Telephone No.:	Email:	
Location of Branches:		
Website:		

Additional Documentation to be included with your application:

- Resumes of Directors, Officers, Partners, and Key Personal
- Standard Contract / Terms of Engagement
- Company Brochure

PART 2 COMPANY DETAILS

Date Company Established (DD/ MM/ YYYY):					
Company Structure:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other
Company Contact Name:	Title:				
Telephone:	Email:				

PART 3 REVENUE BREAKDOWN

Gross Revenues (CDN)	
Estimated next 12-month policy period:	\$
Expiring 12-month policy period:	\$
2 nd Year Prior:	\$
3 rd Year Prior:	\$
4 th Year Prior:	\$

PART 4 COMPANY OPERATIONS

Description of Operations:

Number of years' experience:

Are any contracting operations performed beyond the boundaries of the proposed insured property(ies)? ☐ Yes ☐ No

If 'Yes', please provide a description of the contracting operations and the estimated annual revenues associated with the operations:

SITE INFORMATION

Proposed Insured Properties:

Location Address	Description of Operations (at Location incl. any on-site waste disposal)	Surrounding Property Description

Is a change in use at any of the properties anticipated during the policy period? ☐ Yes ☐ No

If 'Yes', please indicate the future use:

Has any remediation or monitoring of soil or groundwater ever taken place at any of the properties? ☐ Yes ☐ No

Does the use of the property(ies) require any environmental permits? ☐ Yes ☐ No

If 'Yes', please attach a copy of all permits along with applicable parameters

Are there any plans to conduct any testing of soil, groundwater, or surface water at any of the properties? ☐ Yes ☐ No

STORAGE TANK INFORMATION

Site	Above Ground Tank (AST) or Underground Tank (UST)	Installation Date (MM/DD/YYYY)	Capacity of Tanks (liters)	Tank Contents (diesel, petrol, water, etc.)	Tank Construction (steel, fiberglass, concrete, etc.)	Overfill/ Spill/ Secondary Containment Protection System (double skinned, bunded, etc.)	Tank Leak Detection System (intestinal, pressure, groundwater monitoring, etc.)	Date and Result of Last Integrity Test (MM/DD/YYYY)

NON-OWNED SITE INFORMATION**Proposed Insured Properties – Not-Owned or Operated by any Insured:**

(Example: non-owned warehouses or non-owned disposal facilities)

Location Address (Street, City, Province, Country)	Description of Operations by Location (include any on-site waste disposal)	Retroactive Date (MM/DD/YYYY)

TRANSPORTATION INFORMATION**Transportation Coverage:**

Class 1: Solid hazardous material (such as asbestos, lead or contaminated soils) and all other liquid gases not listed in Class 2.

Class 2: All petroleum products, toxic or flammable chemicals, gases or other liquids, radioactive materials, explosives.

Transportation Mode	Average No. of Owned/ Operated Daily Shipments		Average No. of Common Carrier Daily Shipments	
	Class 1	Class 2	Class 1	Class 2
Trucks				
Rail				
Watercraft				
Aircraft				

Is the average trip over 100 miles? ☐ Yes ☐ No

BUSINESS INTERRUPTION INFORMATION

Does the applicant utilize one primary location to conduct its business operations? ☐ Yes ☐ No

Does the applicant have a Business Continuity Plan in place? ☐ Yes ☐ No If 'Yes', please provide a copy

Please attach a copy of the Business Interruption Worksheet

PART 5 INSURANCE HISTORY & REQUIREMENTS

Please provide details on your current **Environmental Legal Liability** insurance policy:

Effective Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
	\$	\$	\$	
Effective Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
	\$	\$	\$	

PART 6 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 AMOUNT PAID BY INSURER	\$ RETAINED LOSS OR 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: