



[Inland Marine Package Application]

LIMITED POLLUTION COVERAGE SUPPLEMENT

Use with any Inland Marine Contractors Application



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LIMITED POLLUTION COVERAGE SUPPLEMENT

Use this supplement along with any Inland Marine Package Application if you would like to add Limited Pollution Coverage to the CGL.

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Applicant: _____

PART 2 ENVIRONMENTAL HAZARD OPERATIONS

Please describe your operations by answering “Yes” or “No” to the following. Please note that all questions must be answered.

DO YOU?		Instructions
Discharge to water or land?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach Copy of Permit
Discharge to a sewer system other than sanitary waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach Copy of Permit
Discharge to air?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach Copy of Permit
Operate air pollution control equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach Copy of Permit
Utilize solvents, degreasers, paints or other volatile organic chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Generate hazardous waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Store or apply pesticides, insecticides or herbicides?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide details below:
Details:		
Utilize compressed gases other than air?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Use or store Polychlorinated Biphenyls? (PCB's)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide details below:
Details:		
Use or store Pentachlorophenols or Tetrachlorophenols?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Use or store Creosote, CCA (Copper Chromate Arsenate)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Perform any work at contaminated sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Operate any disposal / injection wells?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?
Have any potentially harmful off-premises operational exposures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain below:

DO YOU HAVE?		Instructions
Underground tanks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	List on Tank Data Schedule
Above ground tanks located outdoors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	List on Tank Data Schedule
Tanks located indoors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	List on Tank Data Schedule
Waste pits, sumps, vaults, or drains?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Incinerator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any employees with specific safety training for pollution spills or overflow or accidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

A spill kit available at every work site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any portable tanks (for fuel or other substances)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, complete the following:
Number of "unlicensed" trucks a/o trailers with portable tanks:	Largest size (in liters)	
Number of "licensed" trucks a/o trailers with portable tanks:	Largest size (in liters)	

TANK DATA:

Product Stored	Capacity in 1000 Liters	Above or Below Ground?	Indoors or Outdoors	Construction	Age (Years)	Double Walled		Dyked if Above Ground		High Level Alarm	
						Yes	No	Yes	No	Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If tanks are elevated, are all supports protected from vehicle impact? Yes No

If tanks are ground level, are there barricades or other protection from vehicle impact? Yes No

Do you store any waste substances (include waste oils, spent solvents, degreasers, and rinse waters, etc.)? Yes No

Please list all waste storage activities

Type of Waste	Method of Storage	Quantity Generated Per Month	Maximum Inventory	Waste Removal Frequency	Name of Waste Removal Firm

Do you have a written tank filling procedure, including information to prevent spills and overflows? Yes No

Do you have an emergency procedure outlining actions to be taken in the event of a tank spill or overflow? Yes No

To the best of your knowledge, do your fuel and waste storage and handling procedures comply with all applicable government regulations and guidelines?
 Yes No

Have you had any spills or discharge events in the past 5 years, whether covered by insurance or not, and what was the cost of clean-up and/or environmental liability incurred? Yes No

If Yes, explain fully below:

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: