



[Pollution Liability]

## **SITE POLLUTION LIABILITY APPLICATION**

Covering Owned/Long-Term Leased Sites and/or Storage Tanks

# SITE POLLUTION LIABILITY APPLICATION

## PART 1 GENERAL INFORMATION

Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

First Named Insured: \_\_\_\_\_

List all other insureds requesting coverage under the policy and describe their relationship with the Named Insured:

Named Insured	Relationship to the First Named Insured

First Named Insured's Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Website Address: \_\_\_\_\_

Named Insured is a:  Sole Trader  Partnership  Corporation  Joint Venture  Other:

Overview of the business activities and processes for all Named Insureds:

Have you ever operated under a different name?  Yes  No

Year Business Established: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

If less than five years, please advise what experience management has of this work (i.e. at prior employers, etc.):

## PART 2 LIMITS REQUIRED

(A) Limit of Liability (Please indicate limit of liability required):  \$1,000,000  \$2,000,000  \$5,000,000  Other: \$ \_\_\_\_\_

(B) Deductible (Indicate deductible requested):  \$2,500  \$5,000  \$10,000  \$25,000  Other: \$ \_\_\_\_\_

Have you purchased this type of insurance in the last five years?  Yes  No

If "Yes" to above, please provide details and retroactive date to apply below:

**If looking for us to match retroactive date, please provide a copy of the existing policy showing the desired retroactive date.**

**ART 3 SITE OPERATIONS**

**Revenue:** Please provide details of annual revenues for the last three years of account and an estimate for the forthcoming year of account:

Year of Account	Year (i.e. 2015)	Revenue (CAD)
Forthcoming Year (projected):		
Prior Year 1:		
Prior Year 2:		
Prior Year 3:		

**Please list the sites for which coverage is required:**

Address	Date insured began operations at site	Operations at site	Prior land use	Surrounding land use

Are any of the above sites within 250 meters of a watercourse, conservation area or other protected area?  Yes  No

If "Yes" to above, please give details and attach additional documents if necessary.

**Environmental Management:**

Do you have a formal Environmental Management System which conforms to ISO 14001 applicable to all sites?  Yes  No

*If above is not applicable to all sites, please specify which sites are subject to an Environmental Management System (ISO 14001):*

**Spill Response:** Do you have processes/plans in place and equipment on site to respond to any spills or leaks?  Yes  No

**Site Contamination: (For the above sites)**

(a) Are any remediation works currently ongoing or planned at any of these sites?  Yes  No

(b) Are you aware of any prior contamination or remediation (even if this pre-dates your occupation of the site?):  Yes  No

If "Yes" to either (a) or (b) above, please give details below and attach additional documents or sheets if necessary:

**Storage:**

(a) Are all areas of petroleum, hydrocarbon, chemical or other storage in drums, IBCs or totes subject to impermeable containment?  Yes  No

(b) Do all site drains lead to a closed loop system with oil/water interceptors?  Yes  No

(c) Are there any Aboveground Storage Tanks present at any site?  Yes  No

(d) Are there any Underground Storage Tanks present at any site?  Yes  No

If "Yes" to (c) or (d) above, please complete the attached **Tank and Piping Information**

**PART 4 CLAIMS/CIRCUMSTANCES**

**Note: For the purpose of questions "you" means all Named Insureds and any director, officer or partner thereof**

(A) Have you in the last five (5) years had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations, or

(B) Been in breach of/non-compliance with any environmental license or permit issued to you?  Yes  No

Have you in the last five (5) years been prosecuted or threatened with prosecutions, or are you currently being prosecuted for any offence directly or indirectly arising out of a release of pollutants into any surface water, air, or into land or groundwater?  Yes  No

List all the claims made against you, or undertaken by you, during the last five (5) years for clean-up costs, bodily injury or property damage, resulting from the release of hazardous substances, hazardous waste or other pollutants:

At the time of signing this application, are you aware of any facts or circumstances which may reasonably be expected to give rise to a claim or claims being asserted against you for clean-up costs, bodily injury or property damage arising from a release of pollutants?  Yes  No

If you have answered "Yes" to any of the above questions, please describe below and provide further documentation where possible:

## NOTICE TO APPLICANT:

I/we declare that the best of my/our knowledge and belief the answers given on this application whether by me/us or on my/our behalf are complete and true and that I/we have not withheld any material information.

If this application has been completed on my/our behalf, I/we agree in person is deemed to be my/our agent and not an agent for the Insurer and I/we have read the information provided before signing the form.

This application must be signed by a principal, director or partner of the proposed First Named Insured.

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.

Date:

Signature of Applicant:

Company name and position held:

## BROKER DECLARATION

How long have you known this applicant?

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Is this account new or renewal to you?

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Have you personally viewed the applicant's operations?

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What is the condition of facilities and equipment?

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

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Do you recommend this applicant?

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Broker's Signature:

Position:

Please print name:

Date:

**ABOVEGROUND STORAGE TANK SUPPLEMENT**

1. All tanks requiring coverage must be located at an insured site listed in the Site Pollution section above and corresponding number entered in the table.
2. For all tanks, please complete details of the associated piping on the following pages.

ABOVEGROUND TANKS										
Tank	Insured site number	Age of Tank	Contents	Capacity	Single / Double Walled	Construction Material (see key below)	Is there secondary containment* which meets the criteria below?	Is the tank on an impermeable surface which drains to a sealed system with oil/water interceptor?	Is the tank protected from vehicle impact?	Is the tank pressure/integrity tested at least every two years?
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Construction Material	
Steel	<b>S</b>
Fiberglass Reinforced Plastic (FRP)	<b>F</b>
ThermoPlastic	<b>P</b>
Polyethylene	<b>POL</b>
Other – Please Specify:	

*\*Please note that **secondary containment** / dyking must have floor and walls which are impermeable to oil and water and be large enough to contain at least 110% of tank volume for a single tank or 25% of volume if multiple tanks are in a single containment/dyke. If multiple tanks share the same containment please annotate above.*

*Secondary containment must be subject to regular (at least weekly) visual inspection and maintenance to identify any leaked product, structural faults and to remove any accumulated rainwater/snow.*

**ABOVEGROUND STORAGE TANK SUPPLEMENT (CONT'D)**

<b>ABOVEGROUND PIPING</b>						
<b>Tank number associated with:</b>	<b>Is any piping underground? If yes, complete underground piping information section on following pages</b>	<b>Age of Piping</b>	<b>Piping Construction Material (see key below)</b>	<b>Single/Double Walled</b>	<b>For steel piping, is there cathodic corrosion protection for piping which is tested at least annually?</b>	<b>Is the piping pressure/integrity tested at least every two years?</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

<b>Construction Material</b>	
Steel	<b>S</b>
Fiberglass Reinforced Plastic (FRP)	<b>F</b>
ThermoPlastic	<b>P</b>
Polyethylene	<b>POL</b>
Other – Please Specify:	

**UNDERGROUND STORAGE TANK SUPPLEMENT (CONT'D)**

<b>UNDERGROUND PIPING INFORMATION</b>						
Tank associated with:	Age of Piping	Single/Double Walled	Piping Construction Material	Is there leak detection* which meets the criteria below?	How often is the piping pressure/integrity tested?	For steel piping, is there cathodic corrosion protection which is tested at least annually?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

<b>Construction Material</b>	
Steel	<b>S</b>
Fiberglass Reinforced Plastic (FRP)	<b>F</b>
ThermoPlastic	<b>P</b>
Polyethylene	<b>POL</b>
Other – Please Specify:	

*\*Please note to answer “yes”, **leak detection** must comprise either automatic tank gauging or a continuous in-tank leak detection system which also includes monitoring of associated piping.*



## UNDERGROUND STORAGE TANK SUPPLEMENT

1. All tanks requiring coverage must be located at an insured site listed in the Site Pollution section above.
2. For all tanks please complete details of the associated piping on the following page.

### UNDERGROUND TANKS

Tank	Insured site number	Age of Tank	Contents	Capacity	Single / Double Walled	Construction Material (see key below)	Is there leak detection* which meets the criteria below?	How often is the tank pressure/integrity tested?	For steel tanks, is there cathodic corrosion protection which is tested at least annually?
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Construction Material	
Steel	<b>S</b>
Fiberglass Reinforced Plastic (FRP)	<b>F</b>
ThermoPlastic	<b>P</b>
Polyethylene	<b>POL</b>
Other – Please Specify:	

*\*Please note to answer “yes”, leak detection must comprise either automatic tank gauging or a continuous in-tank leak detection system.*