



[Pollution Liability]

CONTRACTORS POLLUTION LIABILITY APPLICATION PROJECT SPECIFIC



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PART 1 GENERAL INFORMATION

Note: In addition to the completed application we will require:

- A Site Plan
- A copy of the Project Contract including tender documents and insurance section
- An environmental site assessment (where applicable)

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 Experience: _____

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

Description of three largest projects in the last 3 years:

Project Name / Client	Location	Project Costs	Description of Project
		\$	
		\$	
		\$	

PART 2 PROJECT INFORMATION

Project Name: _____

Project Owner: _____



Project/Construction Manager:

General Contractor:

Description of Project:

List of any Hazardous Materials involved:

Address of Project:

Project Start Date:

Project Estimated Completion Date:

Total Estimated Hard Costs: \$

Type of Neighbourhood: Commercial Residential Mixed Other:

Surrounding Occupancies:

	Occupancy – Commercial / Residential / Industrial / Institutional	Construction Type	Distance
North			ft
East			ft
South			ft
West			ft

Type of Neighbourhood: Commercial Residential Mixed Other:

Is the site 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.

Will this project involve work on a contaminated site? Yes No

PART 3 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: \$

(C) Do you wish to include **Mould coverage**? Yes No If "Yes", what is the requested Sub-Limit? \$

(D) **Coverage Form Requested:** Claims-made Form Occurrence Form (Please note not all Applicants will qualify for Occurrence)

(E) **Completed Operations Period:** 12 Months 24 Months 36 Months None Other: \$

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?

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:

