



## CONTRACTOR'S POLLUTION LIABILITY APPLICATION FORM

### 1 – Insured's Details

A. Named Insureds;

I. First Named Insured.....  
 .....

II. List all other Named Insureds requesting coverage under the policy and describe their relationship with the First Named Insured;

Named Insured	Relationship to the First Named Insured

B. First Named Insured's Mailing Address

.....  
 .....  
 .....

C. Telephone .....

D. Email Address.....

E. First Named Insured is:

Sole Trader	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>
Joint Venture	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>



F. Overview of the business activities and processes for all Named Insureds;

.....  
.....  
.....

G. How long have you been in business performing these activities? If less than 5 years, please advise what experience management has of this area of work i.e. at prior employers etc;

.....  
.....  
.....

## **2 – Limits Required**

A. **Limit of Liability:**

Indicate limit option(s) requested

Each Incident Limit: CAD \_\_\_\_\_

Policy Aggregate Limit: CAD \_\_\_\_\_

B. **Deductible**

Indicate deductible option(s) requested: CAD \_\_\_\_\_

## **3 –Contracting Operations**

A. Have you purchased this type of insurance in the last five (5) years? If yes, please provide details and retroactive date to apply;

**Yes      No**

If yes, Retroactive date \_\_\_\_\_



**B. 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		Revenue (CAD)
Forthcoming year [projected]	20____	
Prior year 1	20____	
Prior year 2	20____	
Prior year 3	20____	

C. Do you perform any work in countries other than that of the Named Insured's domicile? **Yes No**

If **yes** give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D. Do you undertake any contracting operations on offshore rigs, platforms or other permanent structures? **Yes No**

If **yes**, provide details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E. Do you ever take mobile fuel tanks to job sites? **Yes No**

F. Do you have a written emergency spill response procedure and take spill containment kits to job sites? **Yes No**

G. What levels of insurance do you require subcontractors to carry?

General liability: \_\_\_\_\_



Contractor's pollution liability: \_\_\_\_\_

Professional liability: \_\_\_\_\_

H. Do you require a written contract with subcontractors containing hold harmless and indemnification provisions with respect to environmental/pollution incidents prior to them commencing work for you? **Yes No**

I. Do you have any sudden and accidental pollution coverage under your general liability insurance?

**Yes No**

If yes, please advise limits \_\_\_\_\_

J. Please complete the attached **Contracting Operations Schedule** at pages 6/7; all activities to be covered should be detailed in the contracting operations schedule attached to this application.

***NB:*** *If cover is required for annual operations, please enter annual revenue in the schedule.*

*If cover is required only for a specific project or contract please enter total revenues associated with this in the schedule and complete the following:*

I. Duration of project: \_\_\_\_\_

II. Description of project scope: \_\_\_\_\_

III. Name/description of customer: \_\_\_\_\_

K. If your contracting operations include transportation/haulage please ensure these are entered in the relevant sections of the **Contracting Operations Schedule** and complete the following:

I. **Licencing**

Do you hold all required licences for the goods or waste hauled? **Yes No**

II. **Mileage**

i. Total projected annual mileage: \_\_\_\_\_

ii. Is any transportation performed beyond the borders of the Named Insured's country of domicile?

**Yes No**

**If yes:**

iii. Percentage mileage outside of Named Insured's country of domicile: \_\_\_\_\_%



iv. Territories travelled to: \_\_\_\_\_

III. **Spill Response**

- i. Do you have a written emergency spill response procedure for transportation? **Yes No**
- ii. Do all vehicles carry spill response equipment/kits? **Yes No**



### Contracting Operations Schedule

To be completed if **Contractors Pollution** and/or **Transportation Activities** coverage is requested.

Please complete this schedule in full ensuring monetary values are entered in the revenue column. Where applicable, also indicate for each type of contracting operation the percentage sub-contracted in the relevant column; and percentage of any such operations which are performed in the USA.

Contracting Operations	Expiring Revenues	Forthcoming Revenues	Percentage Subcontracted	Percentage undertaken in USA
AST installation				
Brickwork / masonry / concrete				
Bridge construction / maintenance				
Carpentry				
Construction Management				
Contaminated soil excavation				
Demolition				
Dredging & marine activities				
Drilling of monitoring wells / potable wells				
Drilling Support services (No 'Downhole' or wellhead works)				
Electrical contracting				
Emergency spill response				
Excavation / site grading				
Facilities management				
Flooring				
Gardening & Landscaping w/ no chemical usage and application				
Hauling – non-hazardous goods				<b>N/A</b> – US transportation proportion should be entered in mileage question transportation activities
Hauling - other fluids				
Hauling - petroleum / chemical / other hazardous				
Hauling/collection - non-haz waste				



HVAC / Plumbing				
Industrial cleaning				
Industrial Construction				
Landfill construction				
Landfill management				
Logging				
Management of waste treatment / recycling sites				
Mechanical / industrial equipment installation / maintenance				
Painting / exterior finishing				
Pesticide/Herbicide/Fungicide Application				
Piling / foundation works				
Pipeline Construction & Maintenance (Industrial/chemical/fuel)				
Pipeline Construction & Maintenance (Nat. Gas)				
Pipeline Construction & Maintenance (Water/Sewer)				
Residential construction				
Road construction / maintenance				
Roofing / insulation				
Soil & groundwater boring/sampling				
Soil/ groundwater treatment / remediation				
Telecommunications				
Tunneling				
UST removal / decommissioning				
<b>Total:</b>				



## **4 - Claims / Circumstances**

For the purpose of questions “you” means all Named Insureds and any director, officer or partner thereof.

- I. Have you in the last five (5) years:
- i. Had any reportable releases or spills of hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations? or
  - ii. Been in breach of/non-compliance with any environmental license or permit issued to you?

**Yes      No**

If yes, please describe and provide further documentation where possible

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- II. 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**

If yes, please describe and provide further documentation where possible

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- III. List all the claims made against 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

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IV. 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 yes, please describe

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## **5 – Declaration**

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.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

If Company name; state position held \_\_\_\_\_

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