

REMEDICATION CONTRACTORS APPLICATION
 (Do Not Use For Construction Or Non Remediation Risks
 Use Specific Applications Available)

**FOR USE IN APPLYING FOR THE FOLLOWING PRODUCTS:
 COMMERCIAL GENERAL LIABILITY AND CONTRACTORS POLLUTION LIABILITY FOR REMEDIATION OPERATIONS ONLY**

**PLEASE ANSWER ALL QUESTIONS
 IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

1. **Name of Applicant:** _____
 2. **Mailing Address:** _____
Website Address: _____

3. **Description of Operations:** Check the boxes that apply:
 Mould Removal Asbestos Removal Lead Removal Oil Spill/Soil Remediation
4. Applicant's years of experience in this business: _____
5. Please indicate limit(s) of liability required: _____
6. Do you wish to insure all the Applicant's operations under this proposed policy? Yes No

PLEASE NOTE OUR POLICY WILL BE RESTRICTED TO DEFINED OPERATIONS

7. **Revenues from Mould Remediation Operations:**

	Revenue Past 12 Months	Revenue Next 12 Months	% to be Sublet
a) Actual mould remediation			
b) Haulage			

8. **Revenues from Asbestos Removal Operations:**

	Revenue Past 12 Months	Revenue Next 12 Months	% to be Sublet
a) Actual asbestos removal			
b) Set-up and take down			
c) Haulage			

9. **Revenues from Other Related Operations:**

	Revenue Past 12 Months	Revenue Next 12 Months	% to be Sublet
a) Lead Removal			
b) Oil Spill/Soil Remediation			
c) Re-insulation			
d) Interior Demolition			
e) Other – Define: _____			

Grand total from Sections 7, 8 and 9

	Revenue Past 12 Months	Revenue Next 12 Months	% to be Sublet

10. Does the revenue above total 100% of the Applicant's operations? Yes No

11. Does any one customer represent more than 25% of the Applicant's total revenue? Yes No
 If Yes, provide details:

12. a) Indicate below the type of certification the Applicant has obtained (attach certification):

Asbestos Certification: Mould Certification:

b) List other certifications, courses, seminars, etc. that the principals and supervisory staff have completed:

13. a) Does the Applicant have standard operating procedures? (If Yes, attach copy) Yes No

b) Is evidence of pollution liability insurance obtained from all subcontractors? Yes No
 If Yes, what limit of insurance is required? _____

c) Does the Applicant require a written contract with your subcontractors? Yes No

d) Do the contracts contain hold harmless and indemnification provisions in the Applicant's favour? Yes No

If No, or if contracts are not used in all circumstances, explain your company policy on hold harmless and indemnification requirements for work done by subcontractors:

14. Confirm air monitoring will be carried out by a consultant at all job sites Yes No
 If Yes, indicate length of time records will be maintained: _____

15. Please provide Applicant's current coverage details in the chart below:

Coverage	Insurer	Limits	Deductible/SIR	Policy Term	Retro-date	Premium

16. Indicate the number of owned/leased vehicles Trucks: _____ Other: _____
 (Attach vehicle list and provide details of primary automobile policy, i.e., insurer, policy number and limit)

17. Has the Applicant received any Notice of Violations, fines, penalties, complaints or enforcement actions regarding compliance in the past 5 years? Yes No
 If Yes, provide details:

18. Has the Applicant been involved in any pollution or general liability related incidents in the past 5 years? Yes No
 If Yes, provide details:

19. At the time of signing this Application, are you, the Applicant, aware of any facts or circumstances which may reasonably be expected to give rise to a claim against you? Yes No
 If Yes, provide details:

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____