

## Contractors Pollution Liability Package Application

BROKER INFORMATION							
Name:		Email:					
Telephone:		Fax:					
Please select product you are applying for: <b>CONTRACTORS PACKAGE</b> (Contractors' Pollution and Commercial General Liability) <b>CONTRACTORS SOLUTION STAND-ALONE</b>							
Proposed Coverage Effective Date:							
Name of Company: (Including all subsidiaries and please show the primary/controlling policy holder first)							
Canadian Registered Company: <b>Yes</b> <b>No</b>			Year Established:				
Address:							
City:		Province:		Postal Code:			
Website Address:							
Branch Office Locations:							
Number of Employees:	Years of Experience:	Are all Employees covered by W.C.B.?	<b>Yes</b>	<b>No</b>			
Has any insurer ever cancelled, declined, or refused to renew or issue insurance of the type applied for? <i>If YES, please explain:</i>					<b>Yes</b>	<b>No</b>	
Have you ever operated under a different name?					<b>Yes</b>	<b>No</b>	
Are all sub-contractors' employees covered under WCB or any other form of Workers' Comp?					<b>Yes</b>	<b>No</b>	
Do you always use a written contract with clients? <i>If YES, has your standard contract with clients been approved by legal counsel?</i>					<b>Yes</b>	<b>No</b>	
Do you require proof of Pollution Liability Insurance from sub-contractors / consultants? <i>If YES, please list details of insurance requirements:</i>					<b>Yes</b>	<b>No</b>	
Do you ensure any sub-contractors you hire to perform specialized jobs on your behalf are properly qualified/experienced? <i>If YES, please provide details of what proof is required:</i>					<b>Yes</b>	<b>No</b>	
Please list the industry/ trade associations that you belong to:							
Please confirm which of the following written QC/WA Programs you have in place (and attach a copy):							
a) Health & Safety Manual		<b>Yes</b>	<b>No</b>	b) Emergency Spill Response Plan		<b>Yes</b>	<b>No</b>
Do you have any locations or operations and/or plans to operate in the US or abroad?					<b>Yes</b>	<b>No</b>	

CONTRACTING OPERATIONS (Operations by Revenue and Payroll (Including sublet):				
Environmental Contracting Operations		Annual Gross Revenue In the past 12 months	Estimated Gross Revenue For the next 12 months	Projected % to be sublet
Hazardous Material Removal/ Abatement Work including Emergency Clean-up	Asbestos			
	Mould			
	Other			
Tank Installation and Servicing (Not including removal of hazardous materials)	UST			
	AST			

Septic Tank Install / Removal			
Restoration Contracting (fire and water) including air quality related operations			
Garbage Reduction and Incineration			
Waste Collection			
Soil and Water Sampling and Testing			
Pesticide, Fertilizer, Herbicide, Fungicide Application			
Water Treatment, Recovery and related activity			
<b>Non-Environmental Contracting Operations</b>	<b>Annual Gross Revenue In the past 12 months</b>	<b>Estimated Gross Revenue For the next 12 months</b>	<b>Projected % to be sublet</b>
Wrecking or Demolition			
Excavation			
Boiler Installation			
Highway, Street, and Road Construction			
Road Maintenance, Surfacing, and Repair (Includes Driveway Construction, Surfacing and Repair)			
Sewer, Steam Main, and Water Main Construction and Repair			
Construction including new, repair and renovation			
Landscaping			
HVAC			
Electrical			
Grading of Land (Not including excavation)			
Plumbing			
Underground Cable and other utilities			
Carpentry			
Drilling water and other (Excluding oil and gas)			
Insulation Contractors			
Transportation (i.e. petrochemical, hazardous material)			
Transportation (Non-hazardous Materials)			
Cleaning Services (Industrial, etc.)			
Other: Explain:			
Other: Explain:			
<b>Consulting Operations</b>	<b>Annual Gross Revenue In the past 12 months</b>	<b>Estimated Gross Revenue For the next 12 months</b>	<b>Projected % to be sublet</b>
Air Quality Testing			
Hazardous Material Assessment, Remedial Design and Monitoring	Asbestos		
	Mould		
	Other:		
Health and Safety Training, OSHA, CCOHS Compliance			
Laboratory Analysis			
Phase I – Environmental Site Assessments			
Phase II – Environmental Site Assessments			
Phase III – Remedial Investigation, Design & Feasibility Studies			
Regulatory Consulting – Permitting & Compliance Audits			
Tank System Design and Testing			

Waste Arranging and Brokering (Do not include transportation/hauling fees)			
Building Inspector (Non-residential)			
Construction or Project Management			
Land Surveying			
Mechanical Engineering (HVAC, Plumbing and Electrical)			
Water Management Consultant			
Agrologist			
Water Testing			
Forestry			
Other: Explain:			
Other: Explain:			
<b>TOTAL GROSS CONSULTING FEES:</b>			
<b>TOTAL GROSS CONTRACTING REVENUE:</b>			
<b>TOTAL GROSS PAYROLL:</b>			

Client Type	% of Revenue	Client Type	% of Revenue
Industrial (Water treatment plants, pipeline, processing plants, etc.)		Institutional (hospital, nursing homes, schools)	
Infrastructure (Bridges, roads, landfill, etc.)		Commercial (Malls, offices, hotels, warehouses, etc.)	
Residential (Condos, apartments, homes, etc.)		Others: explain:	

Do you perform any work relating to Oil and Gas Industry: <i>If YES, please explain:</i>	Yes	No
Do you perform any work relating to Mining Industry: <i>If YES, please explain:</i>	Yes	No
Do you perform work at contaminated sites: <i>If YES, please explain:</i>	Yes	No
<b>For Demolition/Wrecking Operations:</b>		
Are pre-blast surveys made prior blasting operations?	Yes	No
Do your operations include open fires onsite?	Yes	No
Do you own a waste disposal, waste storage, or recycling facility?	Yes	No
Applicable to Asbestos Abatement, do you utilize a "wetting down" technique	Yes	No

<b>CONTRACTORS' POLLUTION LIABILITY</b>					
Limit of Liability required:	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Deductible required:	\$5,000	\$10,000	\$25,000		
Coverage-required:	Claims-made form		Occurrence form (not all applicants will qualify for occurrence)		
Is your existing coverage of claims-made basis?	Yes	No	<b>(WE REQUIRE PROOF OF PRIOR INSURANCE FOR THE COMPLETE PERIOD)</b>		
Do you require Mould Coverage				Yes	No
Do you currently carry contractors' pollution insurance including products & completed operations? <i>If, YES, please provide details below:</i>				Yes	No
Insurer	Term	Retro-Date	Limit	Deductible	Premium

Estimated number of sites utilized for waste disposal:		
Are these sites licensed to accept to waste?	Yes	No

### CPL SUBMISSION REQUIREMENTS

Copy of standard contract with sub-contractors for review
Confirmation that certificates of insurance are collected with the following requirements: minimum \$1,000,000 limit, additional insured status, and comparable pollution coverage.

### COMMERCIAL GENERAL LIABILITY

Are you renewing an existing policy that is already with Premier?	Yes	No
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*If YES, you may skip this section or if you require some changes this year to the coverage, please describe them here:*

Limit of Liability required:	\$1,000,000	\$2,000,000	\$2,000,000	Other: \$	
Deductible required:	\$1,000	\$2,500	\$5,000	\$10,000	\$25,000
NOA-SPF No. 6:	\$1,000,000	\$2,000,000	\$2,000,000	Other: \$	
Tenants' Legal Liability:	\$1,000,000	\$2,000,000	\$2,000,000	Other: \$	
Medical Expenses:	\$10,000/\$25,000		\$25,000/\$50,000		
Employee Benefits:	\$1,000,000	\$2,000,000	\$2,000,000	Other: \$	

Have you ever carried CGL Insurance including Products & Completed Operations?	Yes	No
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*If YES, please provide details below:*

INSURER	TERM	LIMIT	DEDUCTIBLE	PREMIUM

### CGL SUBMISSION REQUIREMENTS

Confirmation that Certificates of Insurance are collected from subcontractors with the following requirements: minimum \$1,000,000 limit and additional insured status.
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### CONTRACTORS' EQUIPMENT PROPERTY

Do you require Property coverage for your equipment?	Yes	No
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### CLAIMS

Have there been any losses in the past 5 years with regards to the lines of coverage you are applying for?	Yes	No
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*If YES, please describe or attach on sperate document (date, claimant's name, loss amount, expenses, type of loss, general description, etc.)*

Have there been any claims against any of the entities you operated previously?	Yes	No
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*If YES, please describe or attach on a separate document (Date, clients name, loss amount, expenses, type of loss, general description, etc.)*

Are you aware of any circumstances, fact or situation that might result in a claim being made against you Or any other person or entity for whom coverage is being sought?	Yes	No
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*If YES, please describe in detail:*

Has the applicant received any fines, penalties, notice of violations, complaints or enforcement actions Regarding compliance in the past 5 years?	Yes	No
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*If YES, please provide details:*

**IT IS AGREED THAT IF THERE IS ANY KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY ARISING FROM IT IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE**

**ADDITIONAL COMMENTS**

Empty box for additional comments.

**DECLARATION**

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd’s Underwriters’ insurance business in Canada. Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured’s right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker, or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker’s or insurance company’s policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED

- I certify that all statements made in this application are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied, shall form the basis of any contract of insurance agreed upon.
- I undertake to inform Underwriters of any material change to these facts occurring before the completion of the contract.

Signatures(s) of All named Insureds (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date: