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| **Environmental Liability Application** | | | | | | |
|  | | | | | | |
| **NOTE:** | **All questions must be completed** | | | | | |
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| **General Information** | | | | | | | |
|  | | | | | | | |
| Legal Name of Applicant | | |  | | Policy Number |  |
| Brokerage Name | | |  | | | |
| Applicant’s operations (including activities, programs, events, U.S. or International exposures) | | | | | | |
|  | | | | | | |
| How long has the broker had this account and/or known the Applicant? | | | |  | | |

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| Conducted business continuously since (dd/mm/yy) | | |  | | | | |  | | | | | |
| Present Insurer |  | | | | | | | | | | | | |
| Expiry Date (dd/mm/yy) | |  | | Premium | $ |  | | | |  | | | |
| Are you the incumbent broker? | | | | | | |  | | YES | |  | NO |  |
| Is the present Insurer offering renewal? | | | | | | |  | | YES | |  | NO |  |
| If "NO", provide full details | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Are they restricting cover? | | | | | | |  | | YES | |  | NO |  |
| If "YES", why and how? | | | | | | | | | | | | | |
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| Applicant is | For Profit Organization | |  | | Not For Profit Organization | | | |  |  | |
| Applicant is | a Corporation |  | | a Partnership | |  | a Sole Proprietor | | |  |  |
| Incorporation Date (dd/mm/yy) | |  | | | | Act/Jurisdiction | |  | | | |
| If incorporated, a copy of the Letters Patent is required | | | | | | | | | | | |

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| **Environmental Liability** |  |  |  |

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| Limit requested | $ |  |  | Annual Aggregate | $ |  |  |
| Deductible requested | $ |  |  |  |  |  |  |

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| Does the Applicant have an environmental risk management policy in place? | YES |  | NO |  |
| Has responsibility for environmental risk management been assigned? | YES |  | NO |  |
| Is there an environmental audit procedure in place? | YES |  | NO |  |
| Is there a written training program in place to ensure that administrators, employees and |  |  |  |  |
| councillors are aware of their responsibilities? | YES |  | NO |  |
|  | | | | |
|  | | | | |
| **Environmental Sensitive Operations Under the Control of the Applicant** | | | | |
| Water Supply, Treatment and Distribution | YES |  | NO |  |
| Wastewater Treatment | YES |  | NO |  |
| Solid Waste Disposal | YES |  | NO |  |
| Solid Waste Collection | YES |  | NO |  |
| Weed Control | YES |  | NO |  |
| Insect Control | YES |  | NO |  |
| Storage of Fuels or other contaminants in tanks | YES |  | NO |  |
| If "YES", please complete the Storage Tank Supplementary questions on pages 8 and 9 |  |  |  |  |
| Storage and use of sand and salt for winter road maintenance | YES |  | NO |  |
| Are there environmentally sensitive properties under the control of applicant (e.g. Closed Landfill |  |  |  |  |
| Sites and Coal Gasification Sites) | YES |  | NO |  |
| Inspection and approval of privately owned sewage systems (e.g. septic tanks and tile beds) | YES |  | NO |  |
| Are any of these services mentioned above contracted out to a third party company? | YES |  | NO |  |
| If "YES", is there a written contract in place? | YES |  | NO |  |
| If "YES", provide a copy of the contract | YES |  | NO |  |
| If "NO", explain |  |  |  |  |
|  | | | | |
|  | | | | |
| Is the Applicant's organization added as an "Additional Insured" to their insurance policy? | YES |  | NO |  |
| If "NO", explain | | | | |
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| **Water Supply, Treatment & Distribution** | | | | |
| Is the Applicant responsible for water treatment? | YES |  | NO |  |
| Is the Applicant responsible for water distribution? | YES |  | NO |  |
| If "YES" to either of the above, what are the sources of the water supply? | | | | |
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| Describe the types of treatment including all operations within the facilities | | | | |
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| **Wastewater Treatment (answer Y=Yes, N=No)** |

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| **Facility Address** | **Lagoon** | **Primary Treatment** | **Secondary Treatment** | **Sludge Disposal** | **Industrial Waste Disposal** |
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| **Solid Waste Disposal** |

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| Is the Applicant responsible for any solid waste facilities? | YES |  | NO |  |

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| If "YES", who is responsible for the operation of solid waste facilities (e.g. own employees, a contractor, etc.) | | | | | | | | | | | | |
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|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Quality and composition of waste | | | | |  | | |  |  | |  |  |
| Tonnes/year |  |  | | | |  | | |  | |  |  |
| Domestic |  | % | | | |  | | |  | |  |  |
| Industrial |  | % | | | |  | | |  | |  |  |
| Other (Describe) |  | % | | | |  | | |  | |  |  |
|  | | | | |  | | |  |  | |  |  |
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| Information summary on open landfill sites | | | | |  | | |  |  | |  |  |
| **Location Site** | | | **Date Opened** | **Monitoring & Containment Wells in Place** | | | **On-Site Incineration** | | | **Security & Surveillance System in Place** | | |
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| Do any open waste disposal sites currently NOT meet the requirements of the M.O.E. or other |  |  |  |  |
| Provincial authority? | YES |  | NO |  |
| If "Yes", give details |  |  |  |  |
|  | | | | |
|  | | | | |
| Are all open waste disposal sites within a municipal water serviced area? | YES |  | NO |  |
| If "NO", state the distance that the water main would have to be extended to service the immediate area around the site | | | | |
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| Describe any permanent structures that are within the boundaries of any open waste disposal site | | | | | | |
| **Location of Site** | | **Type of buildings within the site (over 400 sq. ft.)** | | | **Is the building design gas explosion resistant?** | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
| Method and frequency of solid waste collection | | | | | | |
| Employees |  | | Frequency |  | |  |
| Outside Contractor |  | | Frequency |  | |  |

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| Does the Applicant operate a recycling program facility? | YES |  | NO |  |
| If "YES", who is responsible for the recycling program and facility? |  |  |  |  |

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|  | | | | | | | | | | |
| Number of Blue Boxes in use | | |  |  | | | | | | |
| Quality and composition of waste | | | | |  | |  |  |  |  |
| Tonnes/year |  |  | | | |  | |  |  |  |
| Domestic |  | % | | | |  | |  |  |  |
| Industrial |  | % | | | |  | |  |  |  |
| Other (Describe) |  | % | | | |  | |  |  |  |
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| Are transfer stations used in the collection system? | YES |  | NO |  |

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| --- | --- | --- | --- | --- |
| Employees |  | Number |  |  |
| Outside Contractor |  | Number |  |  |
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| **Weed Control** | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does the Applicant use chemical spray for weeds and/or brush? | | | | | YES | |  | NO | |  |
| If "YES", provide the following information | | | | |  | |  |  | |  |
| Name of contractor if one is used instead of employees | | |  | | | | | | | |
| Approximate number of acres sprayed | |  | | | | | | | | |
| Indicate type of properties spray is used on (eg. School grounds, parks, playgrounds, etc.) | | | | | | | | | | |
|  | | | | | | | | | | |
| Number of gallons and type of chemical(s) | |  | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Insect Control** | | | | | | | | | | |
| Does the Applicant use chemical sprays for insect spraying? | | | | | YES | |  | NO | |  |
| If "YES", provide the following information | | | | |  | |  |  | |  |
| Name of contractor if one is used instead of employees | | |  | | | | | | | |
| Approximate number of acres sprayed | |  | | | | | | | | |
| Indicate type of properties spray is used on (eg. School grounds, parks, playgrounds, etc.) | | | | | | | | | | |
|  | | | | | | | | | | |
| Number of gallons and type of chemical(s) | |  | | | | | | | | |
|  | | | | | | | | | | |
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| **Storage and Use of Road Salt** | | | | | | | | | | |
| Does the Applicant store and use pure road salt or salt treated sand mixtures? | | | | | YES | |  | NO | |  |
| If "YES", describe facilities and use | | | | | | | | | | |
|  | | | | | | | | | | |
| Number of tonnes of pure salt used |  | | | Number of tonnes of salt treated and used | |  | | |  | |
| Is all bulk sand stored in properly designed covered buildings? | | | | | YES | |  | NO | |  |
| Number of salt shed locations |  | |  | | | | |  | |  |
| If "NO", describe the location, structure and cubic meters stored | | | | |  | |  |  | |  |
|  | | | | | | | | | | |
| Is all salt treated sand stored in properly designed and drained sand domes? | | | | | YES | |  | NO | |  |

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| --- | --- | --- | --- | --- |
| Number of domes |  |  | Number of exposed piles |  |

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| **Control and Storage of PCB's** | | | | |
| Does the Applicant have under its direct control any electrical equipment containing |  |  |  |  |
| PolyChlorinated BiPhenols (PCBs) or do they store any PCB contaminated materials? | YES |  | NO |  |
| If "YES", provide details | | | | |
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| **Closed Landfill Sites** | | | | | | | | | | | |
| Number and location of known closed landfill sites, including any open waste disposal sites | | | | | | | | | | | |
| **Location** | **Type of Waste** | | | **Date Closed** | **Decommissioning Report on File** | | | | **Active Monitoring** | | **Known to be Leaching** |
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| List those sites that are known methane gas producers, indicating details of any gas collection and /or dispersal system in place at each site | | | | | | | | | | | |
| **Location** | | **Known Methane Gas Production** | | | | **Gas Collection and Dispersal Systems** | | | | | |
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| Describe any permanent structures within the boundaries of a closed waste disposal site | | | | | | | | | | | |
| **Location** | | | **Type of Building within the Site (over 400 sq. ft.)** | | | | | **Is the building design gas explosion resistant?** | | | |
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| Describe any development within 100 meters of a closed landfill site | | | | | | | | | | | |
| **Location** | | | **Type of Building** | | | | **Distance from Perimeter** | | | **Gas Dispersal System in Place** | |
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| **Approval of Privately Owned Sewage Systems** |

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| Does the Applicant have responsibility for inspection and approval of design and construction of | | | | | |  |  |  |  |
| private sewage systems? | | | | | | YES |  | NO |  |
| Approximate number of approvals per year | |  | | |  | | | | |
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| **Environmental Incidents** |  |  |  |  |  |
| Has the Applicant been prosecuted within the last 5 years for any contravention of an | |  |  |  |  |
| Environmental Statute? |  | YES |  | NO |  |
| If "YES", provide full details |  |  |  |  |  |
|  | | | | | |
|  | | | | | |
| At the time of completion of this application, is the Applicant, through any of its Officials, aware | |  |  |  |  |
| of **any** circumstances which may reasonably be expected to give rise to a claim in the future, under | |  |  |  |  |
| this coverage? |  | YES |  | NO |  |
| If "YES", provide full details |  |  |  |  |  |
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| **Claims History** | | | |
| Indicate all claims incurred in the past 5 years (including all payments plus a reserve for outstanding claims) | | | |
|  | | | |
| **Year** | **Type of Claim** | **Amount Paid** | **Reserves for Unpaid Claims** |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |

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| **Applicant Acknowledgement** | | | | | | |
|  | | | | | | |
| The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein | | | | | | |
| are true. Signing of this application does not bind the Insurer to offer, nor the Applicant to accept Insurance, but, it is agreed that this | | | | | | |
| form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy. | | | | | | |
|  | | | | | | |
| The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this | | | | | | |
| application (including but not limited to the information contained in this form) has been collected in accordance with applicable | | | | | | |
| privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance | | | | | | |
| products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent | | | | | | |
| fraud, analyze and audit business results and/or comply with regulatory or legal requirements. | | | | | | |
|  |  | | | | |
|  | | | | | |
| **Applicant Name** | |  | **Title/Position** | |  |
| **Applicant Signature** | |  | **Date** | |  |
| **Broker Name** | |  |  |  | | |
| **Broker Signature** | |  |  |  | | |

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| **Storage Tank Supplementary Questions** | | | | |
| **NOTE: Please answer all questions. Attach additional sheets if necessary** | | | | |
|  | | | | |
| Have there been any reportable releases or spills of regulated substances, hazardous waste or |  |  |  |  |
| any other pollutants, as defined by applicable environmental statutes or regulations at any of the |  |  |  |  |
| sites on the tank schedule? | YES |  | NO |  |
| If "YES", were the following involved | | | | |
| Corrective action? | YES |  | NO |  |
| Remediation Complete | YES |  | NO |  |
| No Further Action Letter | YES |  | NO |  |
| Remediation ON-Going | YES |  | NO |  |
| 3rd Party Claims? | YES |  | NO |  |
| Claim(s) Closed | YES |  | NO |  |
| Claim(s) Open | YES |  | NO |  |
| Provide details: (including a description of the release/actions taken to mitigate and associated costs/regulatory involvement, etc.) | | | | |
|  | | | | |
| Are all underground tanks in service? | YES |  | NO |  |
| Do any plans exist to remove or replace any tanks within the next year? | YES |  | NO |  |
| If "YES", explain | | | | |
|  | | | | |
|  | | | | |
| Is there a Spill Prevention and Counter Control plan with regard to the above ground storage tanks, |  |  |  |  |
| if any exist? | YES |  | NO |  |
|  | | | | |
| Do all tank systems comply, at a minimum, with all federal and/or provincial requirements regarding |  |  |  |  |
| construction, overfill/spill protection and leak detection for tanks, piping and dispensing systems? | YES |  | NO |  |
| If "NO", explain | | | | |
|  | | | | |
| Have all leak detection testing and tightness for tanks and piping been performed at required |  |  |  |  |
| intervals within the last 36 months? | YES |  | NO |  |
| If "NO", explain |  |  |  |  |
|  | | | | |
| Have any leak detection or tightness tests on any listed tanks or piping ever failed? | YES |  | NO |  |
| If "YES", explain | | | | |
|  | | | | |
| Does the Applicant use a remote monitoring system with an outside vendor(s) who receives an |  |  |  |  |
| alarm when a release occurs and is responsible for notifying the appropriate parties? | YES |  | NO |  |
| If "YES", list the name of that vendor(s) | | | | |
|  | | | | |
|  | | | | |
| Does the Applicant have an electronic monitoring system currently in operation protecting all tanks |  |  |  |  |
| and piping at this site? | YES |  | NO |  |
|  | | | | |
| For sites with **only Aboveground Storage Tanks** – are workers on site continuously (24 hours |  |  |  |  |
| each day/7 days a week)? | YES |  | NO |  |

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| All storage tanks at a given site must be identified (whether or not they are owned or operated by the Applicant). If we are unable to cover all storage tanks at a site we may not | | | | | | | | | | | | | | | | | | |
| be able to cover any of the storage tanks at that site. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Aboveground Storage Tank Schedule** | | | | | | | | | | | | | | | | | | |
| **Tank Number** | **Year Installed** | **Capacity Litres** | **Construction Material** | | **Contents** | **Reg. Comp. (Yes/No)** | | **Leak Detection** | | **Diking Construction** | | **Base Construction** | | **Overfill Protection** | | **Piping 100% Underground** | | **Date Last Tested** |
|  |  |  |  | |  |  | |  | |  | |  | |  | |  | |  |
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| **Underground Storage Tank Schedule** | | | | | | | | | | | | | | | | | | |
| **Tank Number** | **Year Installed** | **Capacity Litres** | **Construction Material** | | **Contents** | **Reg. Comp. (Yes/No)** | | | **Leak Detection** | | **Year Piping Installed** | | **Construction Material** | | **Leak Line Detection** | | **Date Last Tested** | |
|  |  |  |  | |  |  | | |  | |  | |  | |  | |  | |
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| **TANK CONSTRUCTION** | | | | **CONTENTS** | | | **LEAK DETECTION** | | | | | | | **DIKING & BASE CONSTRUCTION** | | | | |
| F/S = FRP STEEL COMP. | | | | R = REG. GASOLINE | | | ATM = AUTO TANK MONITOR | | | | | | | E = EARTHEN | | | | |
| STI = STI P3 | | | | U = UNLEADED | | | SV = SOIL VAPOR WELL | | | | | | | S = SAND | | | | |
| FRP = SINGLE WALLED FRP | | | | WO = WASTE OIL | | | DW = INTERSTIT MONITORING | | | | | | | C = CONCRETE | | | | |
| CP/S = CATHODICALLY PROTECTED STEEL | | | | D = DIESEL | | | GW = GROUNDWATER WELLS | | | | | | | N = NONE | | | | |
| DW = DOUBLE WALLED FRP | | | | NO = NEW OIL | | | TT = TIGHTNESS TEST | | | | | | | O = OTHER | | | | |
| S = COATED BARE STEEL | | | | K = KEROSENE | | | SIA = STATISTICAL INVENTORY ANALYSIS | | | | | | | (PLEASE SPECIFY) | | | | |
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| REG. COMP. : DENOTES A TANK MEETING PROVINCIAL, TECHNICAL AND LEAK DETECTION STANDARDS | | | | | | | | | | | | | | | | | | |