Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: __________________________________________________________________________________

Name of Broker Contact: ___________________________ E-mail: ___________________________ Tele # __________

Brokerage Address: ___________________________ City: ___________________________ Postal Code: _____

For renewal purposes only: Policy Number: ___________________________ ISN (Client’s Number): ___________________________

Please select product you are applying for:

☐ BROAD FORM POLICY (including sudden and gradual pollution events)

☐ LIMITED FORM POLICY (including sudden pollution events 240/240)

Note:

1. This application is for all facility locations requiring coverage.
2. All questions must be completed in their entirety including the tank schedule (see below).
3. All tanks must be scheduled and separated by location
4. Completion of this form does not bind coverage.
5. Environmental surveys audits, risk assessments, Phase 1’s, Phase II’s, Phase III’s conducted for any site for which this application applies. ☐ attached ☐ information to follow ☐ None

1. Name of Insured:

2. Address:

3. Named Insured is: ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other (specify): _______________

4. (a) Covered Locations:

<table>
<thead>
<tr>
<th>Legal Address</th>
<th>Nature of Operations / Occupancies</th>
<th>Size (Sq ft)</th>
<th>Year the Applicant Began to Occupy this Location</th>
<th>Leased/Owned</th>
<th>Revenue Per $1,000</th>
<th>Past uses of this Location (please indicate “none” if applicable)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

See page 7 for an additional table.

(b) Are any of the covered locations occupied by any other companies? ☐ YES ☐ NO

If yes, please provide all company names and a description of operations performed by each company:
___________________________________________________________________________________________________________________________________________________________________________________________________________

(c) Do any of the Covered Locations contain an open or closed landfill? ☐ YES ☐ NO

(d) Do any of the Covered Locations have above ground or underground storage tanks? ☐ YES ☐ NO

If yes, please complete the Supplementary Questionnaire for Storage Tanks (see www.premierassure.com or ask your Premier underwriter). If the sole pollution exposure for the Applicant arises from tank exposures, please ask us about Premier’s Storage Tank Quick Application.

(e) Are there groundwater monitoring wells located at any of the Covered Locations? ☐ YES ☐ NO
If yes, please provide details:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(f) Do any of the Covered Locations have incinerators?  
☐ YES ☐ NO
If yes, please provide the age of the incinerators and list the materials incinerated:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(g) Are any of the following exposures located on site or in proximity of any of the proposed insured sites (please indicate which site by location #):

i) Waterbodies  ☐ Onsite ☐ Neighboring (within 100 m) ☐ None  Location #: ____

ii) Schools, hospitals, or daycare facilities  ☐ Onsite ☐ Neighboring (within 1 km) ☐ None  Location #: ____

iii) Retail Fuel Outlets  ☐ Onsite ☐ Neighboring (within 1 km) ☐ None  Location #: ____

iv) Dry cleaners  ☐ Onsite ☐ Neighboring (within 1 km) ☐ None  Location #: ____

v) Operations considered or relating to tank farm, oil & gas production, petro-chemical manufacturing, recycling depot, landfill or heavy manufacturing  
☐ Onsite ☐ Neighboring (within 1 km) ☐ None  Location #: ____

5. (a) Have there been any changes in processes at any of the locations during the past five years that have lessened or increased the risk of a pollution incident?  
☐ YES ☐ NO
If yes, please provide details:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(b) Is the Insured contemplating or planning any changes to the operations at any of the locations during the next 12 months?  
☐ YES ☐ NO

6. Please provide the sales for the upcoming and for the previous five years:

(a) Estimated sales (coming year):

(b) Sales for last five years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Sales</th>
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</table>

7. Materials Handling

(a) Is the Insured in any way directly or indirectly involved with asbestos products or asbestos waste?  
☐ YES ☐ NO

(b) Please list the raw materials used at the Covered Locations indicated in question 4:

<table>
<thead>
<tr>
<th>Location #</th>
<th>Raw Material Description</th>
<th>Total Amount Used Per Year</th>
<th>Maximum Amount Used at Any One Time</th>
<th>Method of Storage</th>
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</table>
8. Solid and Semi-solid Waste Disposal
   (a) By completing the table below, please indicate what disposal is done on-site at any of the Covered Locations (landfill, surface impoundment, deep well injection, etc.):

<table>
<thead>
<tr>
<th>Composition</th>
<th>Quantity Per Year</th>
<th>Disposal Method</th>
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</thead>
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</tbody>
</table>

   (b) What disposal is done off-site (away from any of the Covered Locations):

<table>
<thead>
<tr>
<th>Composition</th>
<th>On-site Storage Method (prior to off-site transportation)</th>
<th>Length of Storage at On-site</th>
<th>Quantity Per Year</th>
<th>Disposal Facility Name and Location</th>
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</tbody>
</table>

   (c) Transportation information:

<table>
<thead>
<tr>
<th>Name of Waste Hauler</th>
<th>Type of Waste Handled</th>
<th>Any destinations in the United States?</th>
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</thead>
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</tbody>
</table>

9. Emissions and Effluent Control
   (a) Please describe on-site waste treatment facilities reducing the concentration of contaminants in the liquid effluent from the Locations:

       __________________________________________________________________________________________
       __________________________________________________________________________________________
       __________________________________________________________________________________________

   (b) Please describe equipment used at each of the Covered Locations to control air emissions:

       __________________________________________________________________________________________
       __________________________________________________________________________________________

   (c) Please describe processes at any of the Covered Locations to recycle, re-use or separate materials from process waste:

       __________________________________________________________________________________________
       __________________________________________________________________________________________

10. Automobile Exposure
    (a) Vehicle information:

    | Number of Vehicles | Vehicle Type | Attached Equipment | Radius of Operations | Any Travel in the United States? |
    |--------------------|--------------|--------------------|----------------------|----------------------------------|
    |                    |              |                    |                      |                                  |
(b) Details of automobile insurance:

<table>
<thead>
<tr>
<th></th>
<th>Limit</th>
<th>Insurer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary policy</td>
<td></td>
<td></td>
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<tr>
<td>Excess or Umbrella</td>
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<td></td>
</tr>
</tbody>
</table>

Is the policy subject to attached machinery exclusion SEF 30? □ YES □ NO

11. Third Party Exposures

Please describe the properties immediately adjacent to the Covered Locations (please provide answers for each Covered Location):

(a) Description of property immediately adjacent to the North of the Covered Location:
________________________________________________________________________________________
________________________________________________________________________________________
_____________________________________________________________________________________

(b) Description of property immediately adjacent to the South of the Covered Location:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

(c) Description of property immediately adjacent to the East of the Covered Location:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

(d) Description of property immediately adjacent to the West of the Covered Location:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

12. Inspections/Risk Management of Covered Locations

(a) Inspection contact (please provide the name and telephone number of the inspection contact for each Covered Location): ______ / ______ / ______ / ______ / ______ / ______ / ______ / ______

(b) During the last five years, has the Applicant or a third party conducted an environmental audit or survey of the Applicant’s Covered Locations or operations? □ YES □ NO

(c) Does the Applicant have an Environmental Safety Committee or any employees vested with specific responsibility for environmental control? □ YES □ NO

If yes, please describe their duties and to whom they report:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

(d) Are there any statutes, standards, or other city, provincial or federal regulations relating to the protection of the environment which apply to any location with which the Applicant cannot at present comply? □ YES □ NO

If yes, please provide details:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

13. Claims History

(a) Has the Applicant during the last five years been prosecuted for contravention of any standard or law relating to the release from any Covered Location of a substance into sewers, rivers, sea, air or onto land? □ YES □ NO

If yes, please provide details:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

www.premierassure.com
(b) Has the Applicant had any pollution claims during the last five years? ☐ YES ☐ NO

(c) Is the Applicant aware of any fact, circumstance or situation that could reasonably expect to result in a claim being made against the Applicant arising from the release of any hazardous substance or pollutant into the environment? ☐ YES ☐ NO

(d) Are any of the Covered Locations contaminated?
If yes, please provide details:

___________________________________________________________________________________________

14. Existing Pollution and Environmental Insurance Coverage
(Only complete this section if new business to Premier)

(a) Please complete the following table existing coverage

<table>
<thead>
<tr>
<th>Current Environmental Insurance Carrier</th>
<th>Period of Coverage</th>
<th>Type of Coverage (G=Gradual, S&amp;A=Sudden and Accidental)</th>
<th>Occurrence or Claims-made Basis</th>
<th>Time carrier has been on Risk</th>
<th>Deductible</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Period: ___________</td>
<td>Retroactive Date: _____________________________</td>
<td>_____ years</td>
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</tbody>
</table>

(b) Does the Applicant require pollution liability coverage for any off-premises operational exposures? ☐ YES ☐ NO

(Please note that coverage for off-premises operational exposures can be provided by a separate contractor’s pollution policy under our GREENworks program. Please discuss with your underwriter)

(c) Has any insurance Insured denied, cancelled or non-renewed environmental impairment liability coverage to the Applicant? ☐ YES ☐ NO
If yes, please provide details:

___________________________________________________________________________________________

(d) What are the limits and deductible required for the upcoming policy term?

Limits required:
☐ $500,000/$500,000  ☐ $1,000,000/$1,000,000  ☐ $5,000,000/$5,000,000  
☐ $2,000,000/$2,000,000  ☐ $4,000,000/$4,000,000  ☐ Other:

Deductible Required:
☐ $2,500  ☐ $5,000  ☐ $10,000  ☐ $25,000  ☐ $50,000
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.

<table>
<thead>
<tr>
<th>Printed Name:</th>
<th>Position Held:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant’s Signature:</td>
<td>Date:</td>
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</table>

Premier Canada Assurance Managers Ltd. is one of Canada’s largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

### Additional Covered Locations

<table>
<thead>
<tr>
<th>Legal Address</th>
<th>Nature of Operations at this Location</th>
<th>Size (Sq ft)</th>
<th>Year the Applicant Began to Occupy this Location</th>
<th>Leased/Owned</th>
<th>Revenue Per $1,000</th>
<th>Past uses of this Location (please indicate “none” if applicable)</th>
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</table>
Supplementary Questionnaire for Storage Tanks

Notes:
1. One questionnaire must be completed for each Covered Location requiring coverage for storage tanks.
2. All questions must be completed in their entirety including the tank schedule below.
3. The Applicant must complete one tank schedule for each facility location.
4. This questionnaire is attached to and forms part of the application for Cleanup and Liability Insurance for Premises Pollution.

1. Name of Insured: ________________________________

2. Please include with this application a copy of a survey plan and blueprint, if available, as well as the Applicant’s Spill Prevention, Control and Containment (SPCC) Plan for each facility housing above ground storage tanks.

3. Is there a history of leaks or releases from the tanks at this Covered Location?  
   □ YES  □ NO  
   If yes, please provide details:
   ________________________________________________________________
   ________________________________________________________________

4. Were all tanks new at installation?  
   □ YES  □ NO  
   If no, please provide details regarding the date manufactured and any upgrades or changes made to the tank since the date manufactured:
   ________________________________________________________________

5. Have any repairs or upgrades (including relining) been performed within the past 10 years for any tank?  
   □ YES  □ NO  
   If yes, why were the repairs or upgrade performed?
   ________________________________________________________________
   ________________________________________________________________

6. Were any tanks ever removed or closed at any of the listed facilities?  
   □ YES  □ NO  
   If yes, please provide details why:
   ________________________________________________________________

7. Do any plans exist to remove or replace any tanks within the next 12 months?  
   □ YES  □ NO  
   If yes, please provide details of the planned dates and actions:
   ________________________________________________________________

8. Does the Applicant currently have pollution liability insurance coverage for the tanks applied for on this application?  
   □ YES  □ NO  
   If yes, please provide the insurer’s name, the policy’s limits of liability, premium and deductible:
   ________________________________________________________________

9. Are there any oil/water separators on any of the listed facilities?  
   □ YES  □ NO  
   If yes, please provide specific details as to why it is required, type, location and age:
   ________________________________________________________________
   ________________________________________________________________

Completed by (please print):
__________________________________________
Signature: ____________________________
Date: ____________________________

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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.

ALL STORAGE TANKS AT A GIVEN FACILITY MUST BE IDENTIFIED (WHETHER OR NOT THEY ARE OWNED OR OPERATED BY THE APPLICANT).

IF PREMIER IS UNABLE TO COVER ALL STORAGE TANKS AT A FACILITY, PREMIER MAY NOT BE ABLE TO COVER ANY OF THE STORAGE TANKS AT THAT FACILITY.
## 18. TANK SCHEDULE

**Covered Location's Address:** ____________________________________________________________

### ABOVE GROUND STORAGE TANKS

<table>
<thead>
<tr>
<th>Tank #</th>
<th>Year Installed</th>
<th>Capacity</th>
<th>Tank Construction (Single/Double Walled) – see other options below</th>
<th>Contents</th>
<th>Diking Yes/No</th>
<th>Leak Detection</th>
<th>Regulatory Compliance Yes/No</th>
</tr>
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### UNDERGROUND STORAGE TANKS

<table>
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<tr>
<th>Tank #</th>
<th>Year Installed</th>
<th>Capacity</th>
<th>Tank Construction (Single/Double Walled) – see other options below</th>
<th>Contents</th>
<th>Diking Yes/No</th>
<th>Leak Detection</th>
<th>Regulatory Compliance Yes/No</th>
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### TANK AND PIPING CONSTRUCTION MATERIAL

- **CONTENTS:**
  - F = FIBREGLASS
  - R = REG. GASOLINE
  - CPS = CATHODICALLY PROTECTED STEEL
  - E = ETHANOL
  - PCL = POLYETHYLENE CLAD STEEL
  - D = DIESEL
  - S = UNPROTECTED STEEL
  - NO = NEW OIL
  - K = KEROSENE
  - WO = WASTE OIL

- **LEAK DETECTION:**
  - DW = INTERSTITIAL MONITORING
  - ATG = AUTOMATIC TANK GAUGING
  - VW = VAPOUR MONITORING WELLS
  - GW = GROUND WATER MONITORING WELLS
  - SIR = STATISTICAL INVENTORY RECONCILIATION
  - MTG = MANUAL TANK GAUGING

- **BASE AND DIKING CONSTRUCTION:**
  - I = IMPERMEABLE (concrete, clay synthetic)
  - P = PERMEABLE (dirt, earth, gravel)

*REGULATORY COMPLIANCE: DENOTES A TANK MEETING PROVINCIAL, TECHNICAL AND LEAK DETECTION STANDARDS.*

Completed by (please print): ____________________________________________________________  Date: __________________________

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