

**ENVIRONMENTAL IMPAIRMENT LIABILITY
POLLUTION LIABILITY AND CLEANUP INSURANCE FOR PREMISES**

Brokerage: _____
 Broker Contact: _____ E-mail: _____ Tel # _____

For storage tank only risks, please visit www.premiergroup.ca for our Storage Tank Quick Application.

- 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. Legal Name of Insured: _____
2. Address: _____
3. (a) Covered Locations:

	Legal Address	Nature of Operations / Occupancies	Size at lot (Sq ft)	First Year Occupancy	Leased (L) /Owned(O)	Revenue Per \$1,000	Past uses of this Location (please indicate "none" if applicable)
1.							
2.							
3.							
4.							

(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 have above ground or underground storage tanks? YES NO

If yes, please complete the Supplementary Questionnaire for Storage Tanks (see www.premiergroup.ca or ask your Premier underwriter).

(d) 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 #: _____

4. Is the Insured contemplating/planning any changes to the operations to any of the locations for the next 12 months? YES NO

If yes, explain: _____

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5. Materials Handling, Waste Handling and Transportation

Raw:	Total:	Maximum:	Method:	Name of Waste Hauler:
Waste Description:	On Site Storage Method (prior to offsite transportation):	Length of Storage at On-site:	Quantity (per year):	Disposal Location (Name/Address):

6. 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:

7. 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) 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: _____

8. 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: _____

(b) Has the Applicant had any pollution claims during the last five years? YES NO

If yes, please provide details: _____

(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? YES NO

If yes, please provide details: _____

(e) Has the applicant received any fines, penalties, notice of violations, complaints or enforcement actions regarding compliance in the past 5 years? YES NO

If yes, please provide details: _____

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9. Existing Pollution and Environmental Insurance Coverage

(a) Please complete the following table existing coverage

Current Environmental Insurance Carrier	Period of Coverage (D/M/Y)	Type of Coverage (G=Gradual, S&A=Sudden and Accidental)	Time on Risk	Deductible	Premium
_____	Period: _____ Retroactive Date: _____	_____	_____ years	_____	_____

(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: _____

Deductible Required: _____

DECLARATION / CONSENT

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited 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 fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

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.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such 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.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Applicant's Name: _____ Position Held: _____

Applicant's Signature: _____ Date: _____

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).

Supplementary Questionnaire for Storage Tanks

(Only complete it if there are 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 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: _____

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.

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TANK SCHEDULE Facility Address (please complete one schedule for each facility): _____

ABOVE GROUND STORAGE TANKS

Is there any related underground piping? YES NO If yes, please complete piping section below.

TANK #	YEAR INST.	CAPACITY (litres)	TANK CONSTRUCTION (double wall or single wall)	TANK CONSTRUCTION MATERIAL (see below)	CONTENTS (see below)	REG. COMP.* (YES/NO)	LEAK DETECTION (see below)	BASE CONSTRUCTION (see below)	DIKING CONSTRUCTION (see below)	OVERFILL PROTECTION (YES/NO)	PROTECTION FROM VEHICLE IMPACT (YES/NO)

UNDERGROUND STORAGE TANKS

TANK INFORMATION

TANK #	YEAR INST.	CAPACITY (litres)	TANK CONSTRUCTION (double wall or single wall)	TANK CONSTRUCTION MATERIAL (see below)	CONTENTS (see below)	REG. COMP.* (YES/NO)	LEAK DETECTION (see below)

PIPING INFORMATION

YEAR PIPING INSTALLED	PIPING CONSTR (double wall or single wall)	PIPING CONSTRUCTION MATERIAL (see below)	PIPING LEAK DETEC. (see below)

TANK AND PIPING CONSTRUCTION MATERIAL BASE AND DIKING CONSTRUCTION

- F = FIBREGLASS
- I = IMPERMEABLE (concrete, clay synthetic)
- FRB = FIBREGLASS REINFORCED PLASTIC
- P = PERMEABLE (dirt, earth, gravel)
- FCL = FIBREGLASS CLAD STEEL
- N = NONE
- CPS = CATHODICALLY PROTECTED STEEL
- PCL = POLYETHYLENE CLAD STEEL
- S = UNPROTECTED STEEL
- R = RELINED (INTERNALLY)

CONTENTS

- R = REG. GASOLINE
- E = ETHANOL
- D = DIESEL
- NO = NEW OIL
- WO = WASTE OIL
- K = KEROSENE

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

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

DECLARATION / CONSENT

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited 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 fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

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.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such 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.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Applicant's Name: _____

Position Held: _____

Applicant's Signature: _____

Date: _____

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).

**** Email application and attachments to - newbizenvironmental@premiergroup.ca ****

Vancouver - T 604.669.5211 F 604.669.2667

Toronto - T 416.365.0444 F 416.365.0446

London - T 519.850.1610 F 519.850.1614