

## Environmental Liability Application

**NOTE: All questions must be completed**

### 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? \_\_\_\_\_  
 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? \_\_\_\_\_

Applicant is: Municipality \_\_\_\_\_ Not For Profit Organization \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_  
 Incorporation Date (dd/mm/yy) \_\_\_\_\_ Act/Jurisdiction \_\_\_\_\_  
 If incorporated, a copy of the Letters Patent is required \_\_\_\_\_

### Environmental Liability

Limit requested \$ \_\_\_\_\_ Annual Aggregate \$ \_\_\_\_\_  
 Deductible requested \$ \_\_\_\_\_  
 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 \_\_\_\_\_

**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? \_\_\_\_\_

Describe the types of treatment including all operations within the facilities



**Solid Waste Disposal**

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

If "YES", who is responsible for the operation of solid waste facilities (e.g. own employees, a contractor, etc.).

Quality and composition of waste

Tonnes/year \_\_\_\_\_  
 Domestic \_\_\_\_\_ %  
 Industrial \_\_\_\_\_ %  
 Other (Describe) \_\_\_\_\_ %

Information summary on open landfill sites

Location Site	Date Opened (dd/mm/yy)	Monitoring & Containment Wells in Place	On-Site Incineration	Security & Surveillance System in Place

Do any open waste disposal sites currently NOT meet the requirements of the M.O.E. or other Provincial authority? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please provide 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.

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 used YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please provide details (number of locations and how many times a week).

Outside Contractor used YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please provide details (number of locations and how many times a week).

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

Number of Blue Boxes in use \_\_\_\_\_

Quality and composition of waste

Tonnes/year \_\_\_\_\_

Domestic \_\_\_\_\_ %

Industrial \_\_\_\_\_ %

Other (Describe) \_\_\_\_\_ %

Are transfer stations used in the collection system? YES \_\_\_\_\_ NO \_\_\_\_\_

Employees \_\_\_\_\_ Number \_\_\_\_\_

Outside Contractor \_\_\_\_\_ Number \_\_\_\_\_

**Weed Control**

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 (e.g. 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) \_\_\_\_\_

**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 \_\_\_\_\_

Number of domes \_\_\_\_\_ Number of exposed piles \_\_\_\_\_

**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 \_\_\_\_\_

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

Number of Blue Boxes in use \_\_\_\_\_  
 Quality and composition of waste  
 Tonnes/year \_\_\_\_\_  
 Domestic \_\_\_\_\_ %  
 Industrial \_\_\_\_\_ %  
 Other (Describe) \_\_\_\_\_ %

Are transfer stations used in the collection system?  
 Employees used YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "YES", please provide details (number of employees and how many times a week). \_\_\_\_\_

Outside Contractor used YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "YES", please provide details (number of outside contractors and how many times a week). \_\_\_\_\_

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 If "YES", provide the following information  
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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 \_\_\_\_\_

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 Number of domes \_\_\_\_\_ Number of exposed piles \_\_\_\_\_

**Control and Storage of PCB's**

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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 (dd/mm/yy)	Decommissioning Report on File	Active Monitoring	Known to be Leaching

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

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?

Describe any development within 100 meters of a closed landfill site

Location	Type of Building	Distance from Perimeter	Gas Dispersal System in Place



**Approval of Privately Owned Sewage Systems**

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 \_\_\_\_\_

**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

**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
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**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 (dd/mm/yy)** \_\_\_\_\_  
**Broker Name** \_\_\_\_\_  
**Broker Signature** \_\_\_\_\_

## 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	_____
3 <sup>rd</sup> 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.)				
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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				
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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				
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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				
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Have any leak detection or tightness tests on any listed tanks or piping ever failed?	YES	_____	NO	_____
If "YES", explain				
<hr/>				
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)				
<hr/>				
Does the Applicant have an electronic monitoring system currently in operation protecting all tanks and piping at this site?	YES	_____	NO	_____
<hr/>				
For sites with <b>only Aboveground Storage Tanks</b> – are workers on site continuously (24 hours each day/7 days a week)?	YES	_____	NO	_____

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 no 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	Other Diking Construction	Base Construction	Overfill Protection	Piping 100% Underground	Date Last Tested (dd/mm/yy)

**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 (dd/mm/yy)

**TANK CONSTRUCTION**

F/S = FRP STEEL COMP.  
 STI = STI P3  
 FRP = SINGLE WALLED FRP  
 CP/S = CATHODICALLY PROTECTED STEEL  
 DW = DOUBLE WALLED FRP  
 S = COATED BARE STEEL

**CONTENTS**

R = REG. GASOLINE  
 U = UNLEADED  
 WO = WASTE OIL  
 D = DIESEL  
 NO = NEW OIL  
 K = KEROSENE

**LEAK DETECTION**

ATM = AUTO TANK MONITOR  
 SV = SOIL VAPOR WELL  
 DW = INTERSTIT MONITORING  
 GW = GROUNDWATER WELLS  
 TT = TIGHTNESS TEST  
 SIA = STATISTICAL INVENTORY ANALYSIS

**DIKING & BASE CONSTRUCTION**

E = EARTHEN  
 S = SAND  
 C = CONCRETE  
 N = NONE  
 O = OTHER(PLEASE SPECIFY)

REG. COMP. : DENOTES A TANK MEETING PROVINCIAL, TECHNICAL AND LEAK DETECTION STANDARDS