

ENVIRONMENTAL LEGAL LIABILITY INSURANCE

(FOR FIXED SITES AND/OR OFF PREMISES EXPOSURES)

Brokerage: _____ Broker: _____ Email: _____

Name of Applicant: _____

Name of Principal(s): _____

Mailing Address: _____

Website: _____

Effective Date: _____ Target Premium: \$ _____

1. Does the applicant have an environmental safety committee or any employees vested with specific responsibility for environmental control?
Yes No If Yes, describe their duties and to whom they report: _____

2. Sales: \$ _____
Gross revenue for the past 12 months: _____ Gross revenue for the next 12 months: _____

SITE SPECIFIC

3.

Legal Address of Locations to be Scheduled	Nature of Operations at Each Location	Duration of Occupancy

4. Are any of the locations to be scheduled contaminated?: Yes No If Yes, give details:

5. Are any of the above locations occupied by other than the applicant?: Yes No If Yes, please provide full details:

6. Describe the past uses of the location(s), including any inactive or closed landfills or surface impoundments:

7. Please list quantities (raw materials used at locations listed – use separate sheets if necessary):

Description	Per Year	Any One Time	Method of Storage
a)			
b)			
c)			
d)			

Please attach **Material Safety Data Sheets** for all hazardous materials.

8. Is the applicant in any way directly or indirectly involved with asbestos products or asbestos wastes?: Yes No If Yes, please explain:

9. Do any of the above locations contain an open or closed landfill?: Yes No If Yes, a completed landfill questionnaire is required.

10. Do any of the scheduled locations have incinerators?: Yes No
If Yes, indicate age, height and construction and give details of material incinerated:

Please describe stack abatement equipment: _____

11. Semi-Solid And Solid Waste Disposal

a) On-site disposal landfill, surface impoundment, deepwell injection, etc.

Composition	Qty/Yr	Disposal Method

b) Off-site disposal

Composition	Qty/Yr	Disposal Method

c) Transporter information

Name of Waste Hauler: _____ Type of Refuse Handled: _____

12. Emissions and Effluent Control

a) Describe in-plant waste treatment facilities provided to reduce the concentration of contaminants in the liquid effluent from the location:

b) Describe in-plant equipment provided to control air emissions:

c) Describe in-plant provisions made to recycle, re-use or separate materials from process wastes:

13. Has there been any change in the process during the last 5 years that has altered (lessened or increased) the risk of pollution liability?

Yes No If Yes, please give details: _____

14. Are there any statutes, standards, or other city, provincial and 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 give details:

15. Exposure to Surrounding Property

a) Please describe the properties immediately adjacent to the location(s) to be covered:

Location	North	South	East	West
1)				
2)				
3)				
4)				

b) Are groundwater monitoring wells on site? Yes No If Yes, please give details:

c) Do monitoring results indicate migration of contaminants off the property boundaries? Yes No

If Yes, please give details: _____

d) Please indicate proximity to any bodies of water: _____

16. During the last five years has the applicant or anyone else conducted an environmental audit or survey of the applicant's premises or operations? Yes No If Yes, please indicate:

Date of Survey: _____ Done by: _____

Please attach a copy for underwriters.

Does the survey indicate the actual or potential existence or migration of contaminants off of or on to the sites?

Yes No If Yes, please provide full details:

17. Do any of the scheduled locations have?

Underground tanks: Yes No Aboveground storage tanks: Yes No

Location No.	AGT or UGT	Construction Steel, Fibreglass or Other	Product Stored	Capacity	Year Installed	Cathodic Protection	Leak Detection	Double Lined
	AGT					Yes	Yes	Yes
	UGT					No	No	No
	AGT					Yes	Yes	Yes
	UGT					No	No	No
	AGT					Yes	Yes	Yes
	UGT					No	No	No
	AGT					Yes	Yes	Yes
	UGT					No	No	No
	AGT					Yes	Yes	Yes
	UGT					No	No	No

Are any of these tanks known to be leaking? Yes No If Yes, please provide full details:

Please indicate method of inventory control:

Are any of the tanks scheduled for replacement or removal within the next 12 months? Yes No If Yes, please provide full details:

NON SITE SPECIFIC

18. Off-premises operational exposures:

Indicate the nature of the operations that occur away from applicant’s premises and the related revenue

Nature of Off Site Operations	Revenue

19. Details of automobile exposure: (attach separate sheet or fleet schedule if necessary)

No.	Type of Vehicle	Attached Equipment	Radius of Operations	Any Travel in U.S.A.	
				Yes	No

Attach CVOR for all fleets, list of cargos hauled and brief description of driver hiring practices.

20. Details Of Automobile Insurance

- a) Primary policy: Limit: \$ _____ Insurer: _____
- b) Excess or umbrella: Limit: \$ _____ Insurer: _____
- c) Is/are the policy(s) subject to an attached machinery exclusion(s)? Yes No
- d) Does the Applicant fuel their fleet from on site fuel tanks? Yes No Location no _____
- e) Does the Applicant maintain a garage facility for maintaining their vehicles? Yes No Location no _____

21. Please describe any pollution claims during the last 5 years:

(If none, please so state): _____

Attach separate sheet as necessary – indicate total amounts paid and outstanding including expenses

Year	Description	Paid	Outstanding	Expenses	Status

22. At the time of signing this application, is the applicant aware of any circumstances which may reasonably be expected to give rise to a claim under this policy? Yes No If Yes, please give details:

PREVIOUS ENVIRONMENTAL COVERAGE

23. Does the applicant currently have environmental coverage? Yes No If Yes, with whom?: _____

Are renewal terms being offered? Yes No If No, please explain

Is any part of the previous coverage subject to a retroactive date? Yes No If Yes, please explain:

COVERAGE REQUIRED:

Environmental Legal Liability: \$1,000,000 \$2,000,000 \$5,000,000 Other: _____
(Claims Made)

Commercial General Liability: \$1,000,000 \$2,000,000 \$5,000,000 Other: _____

Do you require mold coverage? Yes No

Do you require Non Owned Disposal Site Coverage? Yes No

Do you require Property coverage for your equipment? Yes No (If yes please complete the Contractors Equipment application)

IMPORTANT NOTICE

As part of underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics.

Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

Applicants Signature: _____

Date: _____