Public Sector Environmental Liability (PSEL) Application

Instructions

Please complete this application in its entirety. It serves to capture information that will enable an insurance company’s underwriters to review the applicant’s eligibility within their underwriting guidelines. Please use the guide attached at the end of this application to assist in the completion of the application. Important documentation is requested throughout this application identified as supplemental information.

Please note: The application completion guide attached at the end of this application will indicate if any section may be left blank or crossed out for the type of insurance that is being requested. All other fields must be answered.

Environmental liability insurance relies on the disclosure made during the application process to determine the coverage and limitations that may apply. The various schedules throughout the application are important as they apply directly to the policy by either confirming coverage or to rendering an exclusion not applicable to a specific exposure. Should the applicant provide a separate document in lieu of completing the schedules contained within, please ensure that these documents contain the information requested below at a minimum.

Privacy notice

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Highlights

Aon collects, uses and discloses personal information:

* To determine eligibility and process applications for products and services and to provide information and services
* To understand and assess ongoing needs of clients and potential clients and offer products and services to meet those needs
* For communication, service, marketing, billing and administration
* For claims administration and data analysis
* For fraud detection and prevention
* For analytics purposes by aggregating or otherwise de-identifying personal information
* To develop proprietary tools and databases
* To provide consulting services to insurance companies
* To comply with legal, audit, security and regulatory requirements
* To obtain and update credit information with appropriate third parties, such as credit reporting agencies, where transactions are made on credit
* Other purposes disclosed in our Privacy Policy or our terms of business or disclosed to you at the time of collection, use or disclosure

Each Applicant authorizes Aon to collect and/or disclose the Applicant’s personal information from/to third parties such as insurance companies, other brokers, adjusters, agencies, motor vehicle/driver licensing authorities and others as may be required for the above purposes. If the Applicant is providing any additional insured personal information, the Applicant providing this information warrants having obtained the prior written consent from each additional insured for the collection, use and disclosure of their personal information as set out herein.

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For further information, including how to contact Aon’s Privacy Officer, please read Aon’s Privacy Policy available at <http://www.aon.com/canada/about-aon/privacy.jsp>.

Applicant information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company name: |  | | | | |
| Mailing address: |  | | | | |
| City: |  | Province: |  | Postal code: |  |
| Website address: |  | | Year established: | |  |

Contact information

|  |  |  |  |
| --- | --- | --- | --- |
| Principal contact: |  | | |
| Email address: |  | | |
| Telephone: | +1 .     .     .      Extension: | Facsimile: | +1 .     .     . |

Company information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Annual revenue: | $ | | Projected revenues: | | $ |
| Ownership type: | Private  Public  Joint venture  Government agency | | Company structure: | | Corporation  Partnership  Sole proprietor |
|  |  | |  | |  |
| Description of company operations: | |  | | | |
|  |  |  | | | |
| Please provide: | Organizational chart | | | Annual report(s) | |
|  | Financial reports (audited preferred) | | | Sustainability report(s) | |

Coverage information

|  |  |  |  |
| --- | --- | --- | --- |
| Policy form: | Public Sector Environmental Liability | Coverage horizon: | New conditions (Prospective) |
|  |  |  | Pre-existing conditions (Retrospective) |
|  |  |  |  |
| Policy type: | Claims-made and reported policy trigger | Coverage structure: | Practice policy (Renewable) |

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| --- | --- | --- | --- | --- |
| Policy effective date: |  | Policy expiration date: |  | |
| Retroactive date: |  | Reverse Retroactive Date: |  | |
|  | (New conditions coverage only) |  | (Pre-existing conditions coverage only) | |
|  |  |  | | |
| Limit of liability: | $ | Each environmental condition(s). | | |
| Aggregate limit: | $ | Total for all environmental condition(s). | | |
|  |  |  | | |
| Legal expense(s): | Inclusive of the aggregate limit (legal expense(s) will reduce the aggregate limit), or  Exclusive of the aggregate limit (legal expense(s) will be paid in addition to the aggregate limit). | | | |
|  |  | | | |
| Retained limit: | Deductible or |  |  | |
|  | Self-insured retention | $ | | Each environmental condition(s). |

Rating information: Public Sector Environmental Liability

**Please note:** Complete this section if Public Sector Environmental Liability has been selected; otherwise, () continue to next section.

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| --- | --- | --- | --- | --- | --- |
| Gross operating budget: | $ |  | Population/enrollment: |  |  |
| Land area (acres): |  |  | Kilometers of road: |  |  |

Please select all that apply with exposure information:

|  |  |
| --- | --- |
| Public facilities: |  |
| University(ies)/college(s)/school(s) | Hospital(s) |
| Housing authority/public housing | Health clinic(s) |
| Golf course(s) | Long term care/assisted living community(ies) |
| Recreational (gymnasium(s)/pool(s)/arena(s)) | Park land/trails |
|  |  |
| Public utilities: |  |
| Electric | Natural gas |
| Water (distribution) | Wastewater (sewers) |
| Water treatment | Wastewater treatment |
| Solid waste management (landfills) Open:    Closed: | Waste transfer/recycling |
|  |  |
| Public services: |  |
| Airport(s)/aerodrome(s) | Firefighting services |
| Bus depot(s) | Waste collection (curb-side/bins) |
| Port(s) | Spaying operations (pesticide/herbicide/insecticide) |
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**Off-premises and/or revenue work**: Work performed under contract beyond the boundaries of an insured site(s).

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| Service work | Revenues (gross) | Payroll (gross) | Subcontracted (%) |
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| What percentage (%) of jobs does your company use standard written contracts with clients? | |  |
| Describe the indemnification clauses: |  | |
|  | | |
| What percentage (%) of jobs does your company use standard written contracts with subcontractors? | |  |
| Do you require subcontractors to provide proof of an acceptable Contractors’ Environmental Liability insurance? | | Yes  No |
| Do you require subcontractors to provide a certificate of insurance that list you as an additional insured? | | Yes  No |

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| **Supplemental information** (Asterix (\*) demarks documents that must be included on the schedule of disclosed document(s) above) | |
| Landfill information: | Landfill construction information/design information |
|  | Environmental risk assessment and environmental testing results (air, leachate and groundwater) \* |
|  | Permit(s) with confirmation of annual volumes and total volume. |
|  | Closure plan and post closure obligations (please include details of any funding guarantee) |

Rating information: Premises Environmental Liability

**Schedule of insured site(s)** ( A separate schedule of site(s) is attached containing the below information)

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| --- | --- | --- | --- | --- |
| Site ID | Site address | Description of operations | Years on-site | Ownership |
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| Does the applicant have knowledge of any current contamination at any of the above site(s)? | Yes  No |

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| If Yes, please explain: |  |

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| --- | --- |
| Does the applicant have knowledge of any prior, ongoing or future remediation projects at any of the above site(s), including storage tank(s) that have been closed in place or removed? | Yes  No |

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| --- | --- |
| If Yes, please explain: |  |

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| Does the applicant have knowledge of any ongoing or future site development, capital expenditures, improvement, demolition, abandon, or change to the site use or zoning of any of the above site(s)? | Yes  No |

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| --- | --- |
| If Yes, please explain: |  |

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| --- | --- |
| Does the applicant have knowledge of any plans to sell/lease/sublease any of the above site(s)? | Yes  No |

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| --- | --- |
| If Yes, please explain: |  |

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| --- | --- |
| Does the applicant have knowledge of any current fungus, virus or bacteria concerns at any of the above site(s)? | Yes  No |

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| If Yes, please explain: |  |

**Schedule of disclosed document(s)** ( A separate schedule of disclosed document(s) is attached containing the below information)

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| --- | --- | --- | --- | --- |
| Site ID | Site address | Type of report | Corporate author | Date of report |
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| **Supplemental information** (Asterix (\*) demarks documents that must be included on the schedule of disclosed document(s) above) | |
| Environmental Report(s) \* | Indoor air quality report(s) \* |
| Property inspection report(s) \* | Building materials survey(s)/designated substance survey(s) \* |
| Site permit(s) (applicable to this insurance) | Purchase and sale/lease/sublease agreement(s) |
| Storage tank closure/removal report(s) \* | Environmental management plan/water intrusion plan |
| Emergency response plan | Record of Site Condition \* |

Rating Information: Storage Tank Environmental Liability

**Schedule of insured storage tanks (** A separate schedule of storage tank is attached containing the below information**).**

**Please note:** The table below relies on specific codes, please select from the list provided (see application completion guide for details).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site ID | Tank identifier | Tank type | Installation year | Volume (unit) | Content (code) | Tank material (construction) | Tank leak detection | Overfill/spill protection | Piping material (construction) | Piping leak detection | Base construction  (aboveground tank) | Retroactive date  (tank specific) | Deductible  (tank specific) |
|  |  |  |  |  | () |  |  |  |  |  |  |  | $ |
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| --- | --- |
| Were all the storage tank(s) scheduled above new at the time of installation? | Yes  No |

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| --- | --- |
| If No, please explain: |  |

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| --- | --- |
| Are all the storage tank(s) scheduled above compliant with all applicable regulations? | Yes  No |

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| --- | --- |
| If No, please explain: |  |

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| --- | --- |
| Have any storage tank(s) scheduled above undergone repairs or upgrades within the past ten (10) years? | Yes  No |

|  |  |
| --- | --- |
| If Yes, please explain: |  |

|  |  |
| --- | --- |
| Will any storage tank(s) scheduled above be repaired, upgraded, decommissioned or removed within the proposed policy term or the six (6) months following the end of the policy?  Please note: In the event of a storage tank decommissioning or removal, the Insurer requires notification of such work no less than five (5) days prior to the decommissioning or removal. Such notice must include a tank integrity test report with favourable results performed no more than thirty (30) days prior to the storage tank decommissioning or removal. | Yes  No |

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| --- | --- |
| If Yes, please explain: |  |

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| --- | --- |
| Are any storage tank(s) scheduled above within two (2) kilometers of a body of water, wetland or other environmentally sensitive areas? | Yes  No |

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| --- | --- | --- | --- | --- |
| If Yes, please explain: |  | | | |
| If Yes, please answer the following additional questions: | | | | |
| What is the distance to the nearest recreational swimming area?  Less than 500m  Between 500m and 1km  1km + | | | | | | |
| What is the total length of piping that extends over water? | | Meters | Underwater? | Meters | |
| Is an emergency shut-off valve on land fitted to all piping that extends over or underwater? | | | | N/A  Yes  No | |
| Are all dispensers and piping over or underwater protected from watercraft impact? | | | | N/A  Yes  No | |
| Has a Spill Prevention, Control and Countermeasure (SPCC) plan or Emergency Response Plan (ERP) been completed within the past five (5) years? | | | | Yes  No | |
| If No, please explain: |  | | | |

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| --- | --- |
| **Supplemental information** (Asterix (\*) demarks documents that must be included on the schedule of disclosed document(s) above) | |
| Storage tank integrity test results (including associated piping) | Cathodic protection test results (if applicable) |
| Statistical Inventory Reconciliation (SIR) report (Audited) | Spill Prevention, Control and Countermeasure (SPCC) plan |
| Storage tank lease agreement (if applicable) | Photographs of aboveground storage tank(s) (if available) |

Loss information

|  |  |  |
| --- | --- | --- |
| Has the applicant purchased this type of insurance coverage within the last five (5) years? | | Yes  No |
| If Yes, please provide: | Current valued loss run | |
| If No, please provide: | All property, liability and specialty insurance loss runs with | |

Claims information

|  |  |
| --- | --- |
| Does the applicant have knowledge of any claims made or legal action (including regulatory actions or notice of violations) brought against any insured as a result of any prospective insured site(s) or operation(s) within the last five (5) years? | Yes  No |
| Does the applicant have knowledge of any environmental condition(s) caused by any of the prospective insured site(s) within the last five (5) years? | Yes  No |
| Does the application have knowledge of any damage or injury to the environment, to property of others, or to people that may be attributable to any prospective insured site(s) or operation(s) within the last five (5) years? | Yes  No |
| For any of the above answered “Yes”, please provide a description of the circumstance and actions taken to mitigate or avoid a similar circumstance in the future: | |
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Warranty Statement

The applicant warrants that all representations made material to the risk are true and verify to the best of their knowledge upon reasonable enquiry, that all information provided within the submission for insurance is accurate.

The applicant declares that no member of the **Responsible Insured**, as defined below, is aware of any circumstances that are likely to give rise to a claim under the proposed insurance, which have not already been disclosed within the submission for insurance.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of applicant: |  | | | | |
| Title of applicant: |  | | | | |
|  |  | | | | |
| Signature of applicant: | |  | Date: |  |
|  | | (a **Responsible Insured**) |  |  |
|  | |  |  |  |
| **Responsible Insured** means the manager or supervisor of the **Named Insured** responsible for environmental affairs, control or compliance, or an officer, director or partner of the **Named Insured**. | | | | |

Application completion guide

**Coverage information** is designed to capture the insurance requested by the applicant. Below is an explanation of the variable options:

* **Policy Form** will depend on the scope of coverage desired and the ownership type:
  + Public Sector Environmental Liability: Blanket premises and contracting operations based on a qualifying ownership type.
* **Coverage horizon** defines if coverage applies to an environmental condition based on when it first commenced at an insured site:
  + New conditions: Environmental condition that commences entirely after the policy inception date or the retroactive date (if applicable). The burden of proof resides with the applicant to demonstrate that the environmental condition commenced in its entirety after the policy inception date or the retroactive date (if applicable). As a result, premiums are often reduced when only new conditions coverage is selected.
  + Pre-existing conditions: Environmental condition that commenced prior to the policy inception date or retroactive date (if applicable), including a continuous or repetitive environmental condition after the inception date or retroactive date (if applicable). Environmental reports are required and must be scheduled as a disclosed document in order to maximize coverage availability under the policy.
* **Policy Term** and policy application is determined by four (4) key dates. Certain classes of risk may benefit from a longer-term policy period, sharing a single aggregate limit of liability across the entire term. The policy inception date and expiration date serve as validation points for the period of time where a claim can be brought against an insured under the policy as a result of an environmental condition conditional upon a named insured reporting such claim within the policy period. The retroactive date defines the beginning of coverage for a new condition coverage, should this coverage horizon be selected; and, the reverse retroactive date defines the end of coverage for a pre-existing condition coverage, should this coverage horizon be selected. In the event that both coverage horizons are selected, the retroactive date and reverse retroactive date may be left blank.
* **Limits of Liability** indicate the amount of insurance desired. The limits are designed to respond on a per environmental condition basis and not a per claim basis. This means that each environmental condition would have its own limit of liability (subject to the policy aggregate) and a retention limit would apply to each as well. For example, a single discovery of three (3) different environmental conditions (eg. Diesel, Waste Oil and Solvent) would be subjected to three retention limits as each one is a separate environmental condition.

**Rating Information** is designed to capture information for underwriters to determine eligibility of the risk transfer within their guidelines.

* **Public Sector Environmental Liability:** completed by public sector applicants only (ie. Governmental, Educational, Institutional, Airports, Ports, etc.) seeking to cover premises within a jurisdiction and associated their associated operations.

**Schedules** are means of concisely capturing information to be added to the policy in a specific format. The below outlines the information requested on each schedule and additional schedule space is provided following this guide.

**Completing the schedule of insured site(s):**

|  |  |
| --- | --- |
| Header | Input information |
| Site ID | Applicant’s unique site identification number (if none exist, please use a count – eg. “1”, “2”, “3”, …). |
| Site address | Legal address of the site. |
| Description of operations | Business of the applicant at this site. |
| Years on-site | Year site was first owned or leased by the applicant. |
| Ownership | Select from the list provided: (1) Owned, (2) Leased, or (3) Other. |

**Completing the schedule of disclosed document(s):**

|  |  |
| --- | --- |
| Header | Input information |
| Site ID | Applicant’s unique site identification number (if none exist, please use a count – eg. “1”, “2”, “3”, …). |
| Site address | Legal address of the site. |
| Type of report | Description of the report (eg. Phase I Environmental Site Assessment; Building Condition Survey; etc.) |
| Corporate author | Name of the firm who authored and signed/professionally stamped the report. |
| Date of report | Date of the report. |

**Completing the insured storage tank details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Header | Input information | | Input code from list |
| Site ID | Applicant’s unique site identification number (if none exists, then “1”, “2”, “3”, …). | |  |
| Tank ID | Storage tank serial number or applicant’s unique tank identification number. | |  |
| Tank type | Aboveground storage tank system (Total volume less than 10% below ground),  Underground storage tank system (Total volume 10% of more below ground). | | AG  UG |
| Installation year | Year the storage tank was first installed. | |  |
| Volume (unit) | Storage tank volume (Unit: Liters “L”, Imperial Gallons “G” or U.S. Gallons “USG”)  (Each compartment of a multi-compartment tank must be inputted as its own tank) | | L, G, USG |
| Content (code) | Petroleum\*  \*Pressurized Tanks, append “P”  (eg. Propane: PO P) | Aviation Fuel  Bunker Fuel  Diesel  Ethanol/Petroleum based alternatives  Gasoline  Heating Oil  Other (petroleum based)  Waste Oil | PA  PB  PD  PE  PG  PH  PO (P, if applicable)  PW |
|  | Solvents  Water  Other – Hazardous (Liquid State)  Other - Non-Hazardous (Liquid State)  Other (Gaseous State)\*  \*Pressurized tanks, append “P” |  | S  W  OH  ON  OG (P, if applicable) |
| Tank material (construction) | Unprotected Steel  Cathodic Protected Steel (Anode)  Cathodic Protected Steel (Current)  Fiberglass (All Types)  Polyethylene (All Types)  Other | Append Construction Suffix:  Single Walled (SW)  Double Walled (DW) | S (--)  A  C  F  P  O |
| Tank leak detection | Automatic Groundwater Monitoring System  Automatic Interstitial Space Monitoring System  Automatic Tank Gauging  Manual Tank Gauging  Statistical Inventory Reconciliation (SIR) System | | AGM  AIM  ATG  MTG  SIR |
| Overfill/spill protection | Automatic Flow Shut-Off  Ball Check Valve  High Level Alarm  Other | | AF  BC  HL  O |
| Piping material (construction) | Unprotected Steel  External Protected Steel (Paint)  Flexible Steel  Cathodic Protected Steel (Anode)  Cathodic Protected Steel (Current)  Fiberglass (All Types)  Polyethylene (All Types)  Other | Append Construction Suffix:  Single Walled (SW)  Double Walled (DW) | S (--)  E  R  A  C  F  P  O |
| Piping leak detection | Automatic Electronic Line Leak Detector with Flow Shut-Off  Automatic Interstitial Space Monitoring System  Automatic Suction Pump Check Valve  Manual External Monitoring  Mechanical Line Leak Detector | | AE  AI  AS  ME  ML |
| Base construction (aboveground tank) | Underground Storage Tank (Not Applicable)  Impermeable Floor with a 110% of tank volume engineered containment.  Impermeable Floor with sealed drainage system with oil/water separator.  No Containment / Permeable Containment | | N/A  IFC  IFD  NOC |
| Retroactive date | Only if the policy retroactive date does not apply to a specific tank, please enter the tank specific retroactive date. | |  |
| Deductible | Only if the policy deductible does not apply to a specific tank, please enter the tank specific deductible. | |  |

**Schedule of insured site(s)**

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| Site ID | Site address | Description of operations | Years on-site | Ownership |
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**Schedule of disclosed document(s)**

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| --- | --- | --- | --- | --- |
| Site ID | Site address | Type of report | Corporate author | Date of report |
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**Schedule of Insured Storage Tank**

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| Site ID | Tank identifier | Tank type | Installation year | Volume (unit) | Content (code) | Tank material (construction) | Tank leak detection | Overfill/spill protection | Piping material (construction) | Piping leak detection | Base construction  (aboveground tank) | Retroactive date  (tank specific) | Deductible  (tank specific) |
|  |  |  |  |  | () |  |  |  |  |  |  |  | $ |
|  |  |  |  |  | () |  |  |  |  |  |  |  | $ |
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