



ENVIRONMENTAL IMPAIRMENT LIABILITY APPLICATION

- Claims Made – For Renewal Only -

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

If you have any new locations or operations, please complete Form EIL191A for each new location.

1. **Name of Insured:**

Mailing Address:

Website Address:

Inspection Contact (Name of Person & Phone Number):

2. Sales:

a) Estimated (Ensuuing Year): _____

b) Actual (Past Year): _____

3. i) Legal Address of All Locations to be Scheduled

Nature of Activity Carried Out at
or from Each Location

A) _____

B) _____

C) _____

D) _____

USE SEPARATE LIST IF NECESSARY

ii) Are any of the above locations occupied by other than the Applicant?
If Yes, please provide full details:

Yes No

iii) Off-Premises Operational Exposures:
 Indicate the nature of the operations that occur away from Applicant's premises:

(IF COVERAGE FOR THESE OPTIONS REQUESTED, PLEASE COMPLETE CONTRACTOR'S APPLICATION)

4. Has there been any a change in or improvements to your premises or operations during the past year that has lessened or increased the risk of pollution liability? Yes No
 If so, give details:

5. 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 you cannot at present comply? Yes No
 If Yes, give details:

6. Do any of the scheduled locations have above or underground storage tanks (used or unused)? Yes No
 If Yes, please complete the attached Tank Supplement.
 How many? _____

7. Hazardous Waste Transporter and Treatment Contractors used in your operations:

<u>Name of Waste Hauler or Treater</u>	<u>Type of Waste Handled</u>
_____	_____
_____	_____
_____	_____
_____	_____

8. Details of Automobile Exposure:

No.	Type of Vehicle	Attached Equipment	Radius of Operations

9. Are you in any way directly or indirectly involved with asbestos products or asbestos waste? Yes No
If Yes, please explain:

10. Have you during the last 5 years been prosecuted for contravention of any standard or law relating to the release from the location of a substance into sewers, rivers, sea, air or onto land? Yes No
If so, give details:

11. Please describe any pollution claims during the last year. (If None, please so state):

12. At the time of signing this Application, are you aware of any circumstances which may reasonably be expected to give rise to a claim under this coverage? Yes No
If so, give details:

13. Is a Canadian "Pollution Products/Completed Operations" Extension required? Yes No

14. Limit Requested: _____ Retention: _____

SUPPLEMENTARY INFORMATION: (Must be completed by the applicant or the Insurance broker)

General Liability and Umbrella Details:

Name of Carrier: _____ Limits: _____

Deductible: _____ Policy Period: _____

Please attach copies of the pollution exclusions appended to the above policy.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required prior to binding coverage and Policy issuance. It is agreed that this form shall be the basis of the contract should a Policy be issued, and it will become part of the Policy.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

For contact information visit:

www.elliottsr.com

STORAGE TANK SUPPLEMENT

LIST OF LOCATIONS HAVING ABOVE OR UNDERGROUND TANKS:

LEGAL ADDRESS

METHOD OF INVENTORY CONTROL

TANK DATA

LOCATION NO.	ABOVE OR UNDERGROUND	CONSTRUCTION STEEL OR FIBERGLASS	PRODUCT STORED	CAPACITY	YEAR INSTALLED	PROTECTION: INDICATE YES OR NO		
						CATHODIC YES - NO	LEAK DETECTION YES - NO	DOUBLE LINED YES - NO

LANDFILL QUESTIONNAIRE FOR THIRD PARTY POLLUTION COVER

NEW AND RENEWAL PROPOSALS

This form is to be completed and signed by an authorized officer of the Applicant

SITE DETAILS

1. Name of Owner(s): _____

2. Name of Operator(s): _____

3. Name of Previous Owner(s): _____

4. Location of Landfill: _____

5. Size of Landfill: _____

6. Permeability Factor: Indicate if landfill is on Sand Rock Clay

7. Groundwater Regime: Provide comments on aquifer, etc"

8. Who funds the operation of the Landfill: _____

9. What date was the site first commissioned: _____

10. Prior to the date in question 9, was the site previously used for waste disposal? Yes No
If Yes, explain:

11. Are full details of site history and wastes previously deposited available? Yes No

12. Indicate nature of, and proximity to residential or commercial property:

13. Indicate distance of nearest residence to route of trucks that deliver to the landfill: _____

14. Is the site adjacent to another open or closed waste disposal site? Yes No

15. Indicate distance from any lake, river or other body of water: _____

16. Does the scheduled location have any aboveground or underground storage tanks? Yes No
If Yes, please complete the attached tank supplement.

ENVIRONMENTAL MANAGEMENT

17. Has an environmental audit been done during the last five years? Yes No
If Yes, please indicate:

Date of survey: _____ Done by: _____

Please provide a copy for underwriters

18. Does an up-to-date "Landfill Operations Manual" exist? Yes No
If Yes,

a) is it followed? Yes No

b) does it conform to Federal/Provincial Municipal legislation or regulations? Yes No

If No, explain:

19. Is a groundwater monitoring program in place at the site? Yes No
If Yes, does the monitoring program include testing for "**organics**"? Yes No

20. Is a leachate collection and detection system on the site? Yes No

21. Have clay liners or plastic membranes been installed at the site? Yes No
If Yes, describe:

If Yes, indicate thickness: _____ Location: _____

22. Identify any recommendations made by a surveyor, or by a government or engineering Authority that remain outstanding:

CLAIMS HISTORY: FUTURE CLAIMS POTENTIAL

23. Have there been any complaints, disputes or hearings during the past five years in connection with the presence of the landfill? Yes No
If Yes, provide full details:

24. Has any leachate been detected in wells on adjacent property? Yes No
If Yes, provide details:

25. Do you have any information that would indicate that a contaminated plume is in contact with groundwater or that leachate migration conditions exist at or on the site? Yes No
If Yes, provide details:

26. Are you in possession of any specific information or constructive knowledge of any circumstance that might lead to a claim under the policy applied for? Yes No
If Yes, provide details:

27. Please describe any pollution claims during the last five years. If none, please so state:

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

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WATERWORKS QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

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1. **Name/Location:** _____

2. **Mailing Address:** _____

3. How long has the Water District been in operation? _____

4. Is the district licensed? Yes No

5. Description of water system and number of customers served:

a) Domestic: _____

b) Industrial/Commercial: _____

c) Farms: _____

6. Describe source of water system (i.e. ground water/wells, surface water/rivers, reservoirs, irrigation canals):

7. Describe the water delivery system, including age, condition, filtering and construction of pipes:

8. Describe storage facilities, including reservoirs, tanks, dams or other, including location and age:

a) Dams (State Name, Age, Location, Dimensions and Water Rights, Branch Dam Classification):

b) Reservoirs (State location, age and capacity):

c) Miscellaneous storage tanks, etc.:

9. Water Testing:

a) How frequently is water tested for organic contaminants, bacteria and chemicals?

b) Who performs the testing?

10. Provide details of water analysis records kept by the District:

11. Does the District have an emergency plan? Details:

12. Is Water Purification/Treatment performed?
Frequency:

Yes No

Detail chemicals used and how purification/treatment is done:

13. Is the water guarded against vandalism?
Details:

Yes No

14. Is Liability assumed under contract?
If Yes, provide details and a copy of the contract:

Yes No

15. Is Water Works District exonerated from liability for failure to supply water to their customers? Yes No
If so provide relevant copy of the Act (Incorporating the water works district) that exonerates the Water Works District:

16. Are major expansion, construction projects anticipated in the immediate future? Yes No
If Yes, give details:

17. a) State the number of employees in the District and their positions:

b) Gross payroll: _____

18. Annual number of cubic meters/gallons of water sold: _____ Annual Receipts: _____

19. Kind of work subcontracted:

a) Do Sub Contractors provide evidence of Insurance?

b) Cost of work sublet: _____

20. Details of any unlicensed mobile equipment owned or leased by the District:

21. Number of trenches or "manholes": _____ Are they left open after hours? _____

22. Description of all operations undertaken by the District:

23. Provide 5 years history of past insurance and losses in the District:

24. Do you carry CGL insurance?

Yes No

Does it apply to Products coverage arising out of water distribution?

Yes No

25. Are you in possession of any specific information or constructive knowledge of any circumstance that might lead to a claim under the policy applied for?
If Yes, provide details:

Yes No

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