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| **CONTRACTORS POLLUTION LIABILITY PROJECT SPECIFIC** – Application for Insurance |

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| **NOTICE TO BROKER**: This product is designed for contractors requiring Contractors Pollution Liability (CPL) for a specific project – short term project specific policy. Please refer to***JET***  for contractors requiring a running annual policy product.**Instead of completing this application form, consider trying** [*JET*](http://www.forwardinsurance.ca)**, our self-serve platform.**[*JET*](http://www.forwardinsurance.ca) **is the quickest path to quotes and policy issuance. A modern way** [FORWARD](http://www.forwardinsurance.ca)**.****PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception.    |
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| **APPLICANT INFORMATION** |
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| Applicant’s Email Address for E-Signature\*: |       |
|  |  |
| Applicant Name (Legal Name/s): |       |
|  |  |
| Does the Applicant have any subsidiary firms requiring coverage under this policy? | [ ] Yes [ ] No |
|  |  |
|  | If yes, list name of subsidiary firms requiring coverage: |       |
|  |  |
| Primary Location of the Applicant - Province: |       |
|  |  |
| **EXPERIENCE** |  |
|  |  |
| Year Established: |       |  |
|  |  |  |
| What is the Applicants number of years experience (with type of work being conducted in this project): |       |
|  |  |  |
| **PRIOR HISTORY** |  |  |
|  |  |  |
| Has the Applicant ever had an incident or claim (insured or not), order, violation, complaint, action or charge, relating to a pollution condition or hazardous material, whether under the current name or other entity in the past? | [ ] Yes [ ] No |
|  |  |  |
|  | If yes, please provide details of incident (date, description, amount paid, matter closed or still pending): |
|  |  |
|  |       |
|  |  |
| Has the Applicant ever had Environmental/Pollution insurance refused or cancelled? | [ ] Yes [ ] No |
|  |  |
|  | If yes, please describe the details related to the refusal/cancellation: |
|  |  |
|  | [ ]  Due to a prior incident | [ ]  Due to cancel for non payment |
|  | [ ]  Insurer does not write this operation | [ ]  Insurer no longer writes this operation  |
|  |  |  |
| **RISK INFORMATION** |
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| **Project Participants** |  |
|  |  |  |
| Name of Owner for the project: |       |
|  |  |
| Name of the project/construction manager or general contractor: |       |
|  |  |
| **Project Information** |  |
|  |  |
| Project Address: |       |  City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |
| Describe the type of area/neighbourhood: |  |  |
|  |  |  |
|  | [ ]  Residential | [ ]  Commercial (retail, office) | [ ]  Mining area | [ ]  Heavy manufacturing |
|  | [ ]  Oil and gas field | [ ]  Industrial/ light manufacturing | [ ]  Agricultural area | [ ]  Greenfield |
|  | [ ]  Forestry |  |  |  |
|  |  |  |  |  |
| Project contract value (or estimate) for the Applicants work: | $       |  |
|  |  |  |  |  |
| **Operations** |  |  |  |
|  |  |  |  |  |
| Description of Project Operations 1: |       |
|  |   |
| Description of Project Operations 2: |       |
|  |  |
| Description of Project Operations 3: |       |
|  |  |
| Does the Applicant follow all applicable laws and regulations in the performance of their work? | [ ] Yes [ ] No |
|  |  |
| Does the Applicant ensure all of its employees are covered by WCB? | [ ] Yes [ ] No |
|  |  |
| Will the Applicant be subcontracting out any portion of this contract? | [ ] Yes [ ] No |
|  |  |
|  | What percentage of the Applicants portion of work is sub-contracted out? (%) |       % |
|  |  |  |
|  | If the Applicant sub-contracts environmental type work (e.g. mold, asbestos abatement, contamination, hazardous material removal etc.), does the Applicant(s) always obtain proof of environmental liability insurance from sub-contractor(s)? | [ ] Yes [ ] No |
|  |  |  |
| **Specialists Information** |
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| Does any of the Applicants operations involve blasting/explosives? | [ ] Yes [ ] No |
|  |
| Is the project related to the Oil & Gas Industry? | [ ] Yes [ ] No |
|  |  |
|  | If yes, describe nature of project and how it relates to the Oil & Gas industry: |       |
|  |  |  |
|  |       |
|  |  |  |
| Is the project related to the Mining Industry? | [ ] Yes [ ] No |
|  |  |
|  | If yes, describe nature of project and how it relates to the Oil & Gas industry: |       |
|  |  |  |
|  |       |
|  |  |  |
| Will there be any operations/works conducted over or floating on a body of water (lakes, river, creek, pond, ocean, etc.)? | [ ] Yes [ ] No |
|  |  |
|  | If yes, describe any operations/works that will be conducted over or floating on a body of water: |  |
|  |  |  |
|  |       |
|  |  |  |
| Does any of the Applicants work have any exposure to Asbestos? | [ ] Yes [ ] No |
|  |  |  |
|  | Does the Applicant always deploy Asbestos handling specialized firms when encountering Asbestos? | [ ] Yes [ ] No[ ] N/A |
|  |  |  |
| Does any of the Applicants work have any exposure to Microbial Matter (Mould/Fungi)? | [ ] Yes [ ] No |
|  |  |
|  | Does the Applicant always deploy Microbial Matter (Mould/Fungi) handling specialized firms when encountering such matter? | [ ] Yes [ ] No[ ] N/A |
|  |  |  |
| Does the Applicant assume responsibility for the hauling/transporting of contaminated materials? | [ ] Yes [ ] No |
|  |  |
|  | Will the Applicant sub-contract out the hauling /transporting of contaminated materials? | [ ] Yes [ ] No |
|  |  |  |
|  | Does the Applicant ensure an appropriate vehicle maintenance program is in place with all vehicles and trailers used? | [ ] Yes [ ] No |
|  |  |  |
|  | Does the Applicant have a motor vehicle/trailer safety and training program is in place for all employees? | [ ] Yes [ ] No |
|  |  |  |
|  | Does the Applicant ensure annual driving abstracts are in obtained for all drivers? | [ ] Yes [ ] No |
|  |  |  |
|  | Total number of vehicles does the Applicant utilize for hauling/transporting contaminants: |       |
|  |  |  |
|  | Does the Applicant always confirm acceptability of the contaminants with the disposal site before disposing there? | [ ] Yes [ ] No |
|  |  |  |
| **Specialist Contractors – Hazardous Material/ Contaminant Handling**  |
|  |  |  |
| Does any of the Applicants work for this project involve the specific handling of asbestos? | [ ] Yes [ ] No |
|  |  |  |
|  | Does the Applicant have a supervisor with a minimum of 5 years experience in the handling of asbestos? | [ ] Yes [ ] No |
|  |  |  |
|  | Does the Applicant have all appropriate training, licensing, and permits for handling asbestos? | [ ] Yes [ ] No |
|  |  |  |
| Does any of the Applicants work for this project involve the specific handling of Mould/Microbial Matter? | [ ] Yes [ ] No |
|  |  |
|  | Does the Applicant have a supervisor with a minimum of 5 years experience in the handling of Mould / Microbial matter? | [ ] Yes [ ] No |
|  |  |  |
|  | Does the Applicant have all appropriate training, licensing, and permits required for handling Mould / Microbial Matter? | [ ] Yes [ ] No |
|  |  |  |
| Does any of the Applicants work for this project involve the specific handling of hazardous waste and contaminated material? | [ ] Yes [ ] No |
|  |  |
|  | Does the Applicant have a supervisor with a minimum of 5 years experience in the handling of hazardous waste and contaminated material? | [ ] Yes [ ] No |
|  |  |  |
|  | Does the Applicant have all appropriate training, licensing, and permits for handling hazardous waste and contaminated material? | [ ] Yes [ ] No |
|  |  |  |
| **Prior Projects** |  |  |
|  |  |  |
| List the Applicants last two largest projects of similar nature conducted by the Applicant |  |
|  |  |  |
| Project 1 – Description: |       |  |
|  |  |  |
|  | Location - City: |       | Contract value (Applicants work): |       |
|  |  |  |  |  |
|  | Year this work was completed: |       |  |  |
|  |  |  |  |  |
| Project 2 – Description: |       |  |
|  |  |  |
|  | Location - City: |       | Contract value (Applicants work): |       |
|  |  |  |  |  |
|  | Year this work was completed: |       |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **COVERAGES** |
|  |  |  |  |  |
| **Requested Limits** |  |  |  |
|  |  |  |  |  |
|  | **Contractors Pollution Policy Limit** | **Non-owned Disposal Site Coverage Limit** |
|  |  |  |
|  | [ ]  $1,000,000 | Non-owned Disposal Site Coverage Limit: $1,000,000 Included |  |
|  |  |  |
|  | [ ]  $2,000,000 | [ ]  $1,000,000[ ]  $2,000,000 |  |
|  |  |  |
|  | [ ]  $3,000,000 | [ ]  $1,000,000[ ]  $2,000,000[ ]  $3,000,000 |  |
|  |  |  |
|  | [ ]  $4,000,000 | [ ]  $1,000,000[ ]  $2,000,000[ ]  $3,000,000[ ]  $4,000,000 |  |
|  |  |  |
|  | [ ]  $5,000,000 | [ ]  $1,000,000[ ]  $2,000,000[ ]  $3,000,000[ ]  $4,000,000[ ]  $5,000,000 |  |
|  |  |  |
|  | [ ]  $10,000,000 | [ ]  $1,000,000[ ]  $2,000,000[ ]  $3,000,000[ ]  $4,000,000[ ]  $5,000,000 |  |
|  |  |  |
| Type of policy form (availability may be limited due to nature of work):  | [ ]  Claims Made Basis | [ ]  Occurrence Basis |
|  |
| Deductible:  | [ ]  $2,500 | [ ]  $5,000 | [ ]  $10,000 | [ ]  $25,000 |  |
|  |
| Policy period / project length (number of months): |       |  |
|  |  |  |
| Is Completed Operations Extension Endorsement required? |  |
|  |  |
|  | [ ]  Not required | [ ]  12 months | [ ]  24 months |  |
|  |  |  |  |  |
| Is an Expanded Named Insured Endorsement (wrap up) required? | [ ] Yes [ ] No |
|  |  |
| Is Microbial Matter (Mould) Coverage extension required? Note that selecting yes will incur a premium surcharge, confirm with the applicant if this coverage is required. | [ ] Yes [ ] No |
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| **ISSUANCE INFORMATION** |
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| **Policy Term Information** |
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| Proposed Effective Date (MM/DD/YYYY): |       |  |
|  |
| Proposed Expiry Date (MM/DD/YYYY): |       |  |
|  |  |  |
| **Applicant Information** |
|  |
| Mailing Address: |       |  City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |
| **Additional Insureds** |
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| Add any Additional Insureds required with respect to liability coverage (eg. Landlord, contract requirements, etc.): |
|  |  |
| Mailing Address: |       |  City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |
| What is the relation between the Applicant and the additional insured entity? |  |
|  |  |
|  | [ ]  Customer of Insured | [ ]  Landlord |
|  | [ ]  Government Body | [ ]  Lead Contractor |
|  | [ ]  Lessor/ Finance Company | [ ]  Subsidiary (100% wholly owned by Applicant) |
|  | [ ]  Subsidiary (not wholly owned by Applicant) | [ ]  Joint venture |
|  | [ ]  Other |  |
|  |  |  |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the insured fails to immediately inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation. The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud. The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy. |
| **Signature of Applicant(s):** |       | **Date:** |       |
|  |  |  |  |
| **Brokerage:** |       | **Broker ID#:** |       |
|  |  |  |  |
| **Broker Email:** |       | **Phone:** |       |
|  |  |  |  |
| **Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.** |