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| --- |
| **PREMISES POLLUTION (EIL)** – Application for Insurance |

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| --- |
| This product is designed to provide pollution coverage for the entire premises (third party liability and first party clean up costs). If you are seeking pollution coverage for incidents from storage tanks only, please refer to our website for the Storage Tank Pollution 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.    |

|  |
| --- |
| **APPLICANT INFORMATION** |
|  |
| Applicant’s Email Address for E-Signature\*: |       |
|  |  |
| Applicant Name (Legal Name): |       |
|  |  |
| Province of Applicant: |       |  |
|  |  |  |
| **LOSS INFORMATION** |
|  |
| Has the Applicant ever had a claim, order, violation, complaint, action or charge issued against them relating to a pollution condition (regardless of outcome)? | [ ] Yes [ ] No |
|  |  |
|  | If yes, please provide details of the claim or order relating to a pollution condition: |       |
|  |  |  |
|  |       |
|  |  |  |
| Has the Applicant experienced any leaks, releases or spills of a hazardous waste or any pollutant? | [ ] Yes [ ] No |
|  |  |  |
|  | Please provide details of situation (date, location, full details, remediation): |       |
|  |  |  |
|  |       |
|  |  |  |
| Is the Applicant aware of any facts or circumstances relating to a pollution condition (alleged or actual) which could give rise to a possible claim or order against the Applicant? | [ ] Yes [ ] No |
|  |  |  |
|  | If yes, please provide details of the circumstances which might result in a possible claim or order: |       |
|  |  |  |
|  |       |
|  |  |  |
| 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 age or condition of tank | [ ]  Due to cancel for non payment |
|  |  | [ ]  Due to existing contamination on the site | [ ]  Due to incidents |
|  |  | [ ]  Insurer does not write this operation  | [ ]  Insurer no longer writes this operation |
|  |  | [ ]  Other – Please describe: |       |
|  |  |  |  |
| **REGULATORY COMPLIANCE** |
|  |  |  |  |
| Are there any statutes, standards, or other city, provincial or federal regulations relating to the protection of the environment which apply to any scheduled location with which the Applicant cannot at present comply? | [ ] Yes [ ] No |
|  |  |
|  | Provide details: |       |
|  |  |
| **CURRENT CONTAMINATION** |
|  |  |
| Are any of the Applicant's Locations contaminated? | [ ] Yes [ ] No |
|  |  |
|  | Provide details: |       |
|  |  |
| **NUMBER OF LOCATIONS REQUIRING COVERAGE** |
|  |  |
| How many locations require pollution coverage? |       |  |
|  |  |
| **RISK INFORMATION** |
|  |  |
| **LOCATION ONE INFORMATION** |  |
|  |  |
| Address: |       | City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |
| Occupancy at this location: |       |
|  |  |  |  |
| What is the first year the Applicant began to occupy this location? |       |  |
|  |  |  |
| Is this location Leased or Owned? | [ ]  Leased [ ]  Owned |  |
|  |  |  |
| Applicant’s Total Gross Annual Revenues at this Location: | $       |  |
|  |  |  |
| Total acres of Location: |       | Total Square footage of all buildings at this Location: |       |
|  |  |  |
| Will there be any construction activity (new structures or renovations) during the next 12 months? | [ ] Yes [ ] No |
|  |  |  |
|  | If yes, what are the Total Anticipated Construction Costs for the next 12 months? | $       |
|  |  |  |
|  | Describe all construction activity: |       |
|  |  |  |
| What were the past uses of this Location (Occupancy Type)? |       |
|  |  |  |
| Are there any other parties that occupy this same Location? | [ ] Yes [ ] No |
|  |  |
|  | If yes, how many other occupants occupy this location? |       |  |
|  |  |  |
| **Adjacent Exposures** |  |
|  |  |  |
| Please describe the properties immediately adjacent to this Location |  |
|  |  |  |
| North Occupancy: |       | South Occupancy: |       |
|  |  |  |  |
| East Occupancy: |       | West Occupancy: |       |
|  |  |  |  |
| **Exposure Information** |  |  |  |
|  |  |  |  |
| Are there any dry cleaning operations onsite? | [ ] Yes [ ] No |
|  |  |
| Are there any bodies of water(lake, river, pond etc.) onsite? | [ ] Yes [ ] No |
|  |  |
| Are there any operations relating to recycling depots onsite? | [ ] Yes [ ] No |
|  |  |
| Are there any Rail lines running through the location? | [ ] Yes [ ] No |
|  |  |
| Distance to nearest rail line or rail yard (Meters): |       |  |
|  |  |
| What is the distance to the closest body of water (lake, river, pond, etc.) in meters (m)? |       |
|  |  |
| Is the Insured contemplating/planning any changes to the operations at this location within the next 12 months? | [ ] Yes [ ] No |
|  |  |
|  | If yes, please provide details: |       |
|  |  |
| **Manufacturing/ Warehousing Exposure**  |  |
|  |  |
| Is there any manufacturing or warehousing at this location? | [ ] Yes [ ] No |
|  |  |
| If yes, please answer the following: |  |
|  |  |
| List all materials, chemicals, etc, used or stored: |       |
|  |  |
|       |
|  |  |
| Method of storage for all materials and/or chemicals: |       |
|  |  |
|       |
|  |  |
| Description of waste generated from operations: |       |
|  |  |
|       |
|  |  |
| Storage method for all waste (prior to offsite transportation): |       |
|  |  |
|       |
|  |  |
| Quantity of waste generated each year (note the unit - kg, lbs, gal or liters): |       |
|  |  |
| Is the firm transporting the waste duly licensed and insured to do so? | [ ] Yes [ ] No |
|  |  |
| Is the disposal site licensed and insured to accept this type of waste? | [ ] Yes [ ] No |
|  |  |
| Is any waste transported to the United States? | [ ] Yes [ ] No |
|  |  |
| **Tire Exposure** |  |
|  |  |
| Is there any tire storage at this location? | [ ] Yes [ ] No |
|  |  |
| If yes, please answer the following: |  |
|  |  |
| Total amount stored at any one time (number of tires): |       |  |
|  |  |  |
| Type of loss prevention measures in place: |       |
|  |  |
| Method of storage: | [ ]  Indoors | [ ]  Outdoors | [ ]  Container |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **LOCATION TWO INFORMATION** |  |
|  |  |
| Address: |       | City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |
| Occupancy at this location: |       |
|  |  |  |  |
| What is the first year the Applicant began to occupy this location? |       |  |
|  |  |  |
| Is this location Leased or Owned? | [ ]  Leased [ ]  Owned |  |
|  |  |  |
| Applicant’s Total Gross Annual Revenues at this Location: | $       |  |
|  |  |  |
| Total acres of Location: |       | Total Square footage of all buildings at this Location: |       |
|  |  |  |
| Will there be any construction activity (new structures or renovations) during the next 12 months? | [ ] Yes [ ] No |
|  |  |  |
|  | If yes, what are the Total Anticipated Construction Costs for the next 12 months? | $       |
|  |  |  |
|  | Describe all construction activity: |       |
|  |  |  |
| What were the past uses of this Location (Occupancy Type)? |       |
|  |  |  |
| Are there any other parties that occupy this same Location? | [ ] Yes [ ] No |
|  |  |
|  | If yes, how many other occupants occupy this location? |       |  |
|  |  |  |
| **Adjacent Exposures** |  |
|  |  |  |
| Please describe the properties immediately adjacent to this Location |  |
|  |  |  |
| North Occupancy: |       | South Occupancy: |       |
|  |  |  |  |
| East Occupancy: |       | West Occupancy: |       |
|  |  |  |  |
| **Exposure Information** |  |  |  |
|  |  |  |  |
| Are there any dry cleaning operations onsite? | [ ] Yes [ ] No |
|  |  |
| Are there any bodies of water(lake, river, pond etc.) onsite? | [ ] Yes [ ] No |
|  |  |
| Are there any operations relating to recycling depots onsite? | [ ] Yes [ ] No |
|  |  |
| Are there any Rail lines running through the location? | [ ] Yes [ ] No |
|  |  |
| Distance to nearest rail line or rail yard (Meters): |       |  |
|  |  |
| What is the distance to the closest body of water (lake, river, pond, etc.) in meters (m)? |       |
|  |  |
| Is the Insured contemplating/planning any changes to the operations at this location within the next 12 months? | [ ] Yes [ ] No |
|  |  |
|  | If yes, please provide details: |       |
|  |  |
| **Manufacturing/ Warehousing Exposure**  |  |
|  |  |
| Is there any manufacturing or warehousing at this location? | [ ] Yes [ ] No |
|  |  |
| If yes, please answer the following: |  |
|  |  |
| List all materials, chemicals, etc, used or stored: |       |
|  |  |
|       |
|  |  |
| Method of storage for all materials and/or chemicals: |       |
|  |  |
|       |
|  |  |
| Description of waste generated from operations: |       |
|  |  |
|       |
|  |  |
| Storage method for all waste (prior to offsite transportation): |       |
|  |  |
|       |
|  |  |
| Quantity of waste generated each year (note the unit - kg, lbs, gal or liters): |       |
|  |  |
| Is the firm transporting the waste duly licensed and insured to do so? | [ ] Yes [ ] No |
|  |  |
| Is the disposal site licensed and insured to accept this type of waste? | [ ] Yes [ ] No |
|  |  |
| Is any waste transported to the United States? | [ ] Yes [ ] No |
|  |  |
| **Tire Exposure** |  |
|  |  |
| Is there any tire storage at this location? | [ ] Yes [ ] No |
|  |  |
| If yes, please answer the following: |  |
|  |  |
| Total amount stored at any one time (number of tires): |       |  |
|  |  |  |
| Type of loss prevention measures in place: |       |
|  |  |
| Method of storage: | [ ]  Indoors | [ ]  Outdoors | [ ]  Container |  |
|  |  |  |  |  |
| **STORAGE TANK INFORMATION FOR ALL LOCATIONS**(Only complete if there are storage tanks) |
|  |
| Have there been any repairs, changes, relining, relocation, closure or removal of any tank at these locations within past 10 years? | [ ] Yes [ ] No |
|  |  |
|  | If yes, provide details of any past changes, repairs, relining, relocation, closure or removal in the last 10 years and at which location: |
|  |  |  |
|  |       |
|  |  |
| Are there any future plans to repair, change, reline, relocate, close or remove any tanks at this location within the next 12 months? | [ ] Yes [ ] No |
|  |  |
|  | If yes, provide details of any future plans for work: |       |
|  |  |  |
|  |       |
|  |  |  |
| **TANK INFORMATION** |
| TANK # | LOCATION # | YEAR OF TANK INSTALLATION | NEW OR USED (AT TIME OF INSTALLATION) | YEAR OF PIPING INSTALLATION | TYPE OF STORAGE TANK (see below) | BARRIER PROTECTION FROM VEHICLE IMPACT (Y/N) | UNDERGROUND PIPING (Y/N) | CONTENTS OF TANK (see below) | CAPACITY (Litres) | TANK WALL CONSTRUCTION (see below) | TANK CONSTRUCTION MATERIAL (see below) | REGULATORY COMPLIANCE (Y/N) | IS THERE AN AUTOMATIC LEAK DETECTION SYSTEM (Y/N) | PASSED TIGHTNESS TEST (Y/N) |
| 1. |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 2. |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 3. |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 4. |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 5. |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|  |  |  |  |
| **Type of Storage Tank** | **Contents of Tank** | **Tank Wall Construction** | **Tank Construction Material** |
| AGS – Above ground – stationary | AF – Aviation fuel | SW – Single wall | F – Fiberglass  |
| BG – Below ground | GA – Gasoline | DW – Double wall | FRP – Fiberglass reinforced plastic |
| OWS – Oil/ water separators | E – Ethanol  |  | PCS – Polythelene clad steel  |
| PS – Portable/ skid  | D – Diesel |  | C – Concrete  |
|  | N – New oil |  | CPS – Cathodically protected steel |
|  | W – Waste oil |  | US – Unprotected steel |
|  | GL – Glycol K – Kerosene FW – Fresh waterWW – Waste waterSW – Septic wasteP – Propane  |  | FS – Fibreglass steelIR – Internally relined |
|  |  |  |  |
| Are any of these tanks currently insured on a pollution policy?  | [ ] Yes [ ] No |
|  |  |
|   | If Yes, please provide the following information: |  |
|  |  |  |
|  | **Tank #** | **Name of Current Insurer** | **Limit of Current Pollution Insurance ($)** | **Retroactive Date** |
|  | **1.** |  |  |  |
|  | **2.** |  |  |  |
|  | **3.** |  |  |  |
|  | **4.** |  |  |  |
|  | **5.** |  |  |  |

|  |  |
| --- | --- |
| Does the Applicant currently carry (in force) Premises Pollution Liability (Environmental Impairment Liability) insurance for the entire site? | [ ] Yes [ ] No |
|  |  |
|  | If yes, what type of coverage is currently in place? |  |
|  |  |
|  | [ ]  Sudden and accidental coverage | [ ]  Gradual pollution coverage |
|  |  |  |
|  |  | If gradual, provide name of current insurer: |       |
|  |  |  |
|  |  | Current limit of insurance: | [ ]  $1,000,000 | [ ]  $2,000,000 | [ ]  $3,000,000 |
|  |  | [ ]  $4,000,000 | [ ]  $5,000,000 | [ ]  $10,000,000 |
|  |  |  |
|  |  | Expiry date: |       | Retroactive date: |       |
|  |  |  |  |  |
| Pollution Policy Limit: | [ ]  $1,000,000 | [ ]  $2,000,000 | [ ]  $3,000,000 | [ ]  $4,000,000 |
|  | [ ]  $5,000,000 | [ ]  $10,000,000 |  |  |
|  |  |  |  |  |
| Type of coverage requested: | [ ]  Gradual pollution coverage | [ ]  Sudden and accidental coverage |
|  |  |  |
| Deductible: | [ ]  $2,500 | [ ]  $5,000 Base | [ ]  $10,000 |  |  |  |
|  |  |  |
| **ISSUANCE INFORMATION** |
|  |  |  |
| Mailing Address: |       |  City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |
| Is there an environmental audit or survey of this location (Phase 1, Phase 2 or Phase 3 Environmental Report, Remediation Report)?  | [ ] Yes [ ] No |
|  |  |
|  | If yes, please attach copy. |
|  |  |
| Is there a passed/cleared tightness test or an automatic leak detection test for each and every tank requiring coverage? |
|  |
|  | [ ]  Yes  | [ ]  No report available | [ ]  No storage tanks at any schedule location  |
|  |  |
|  | If yes, please attach passed/cleared tightness test or an automatic leak detection test for each and every tank requiring coverage. (note: this is a requirement and coverage is not in force without such report provided). |
|  |  |
| **ADDITIONAL INSUREDS** |
|  |  |
| 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 |  |
|  |  |  |
|  | Name: |       |
|  |  |  |
| **POLICY TERM INFORMATION** |
|  |  |  |
| Proposed Effective Date (MM/DD/YYYY): |       |
|  |  |
| **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)**.** |