Please answer all questions completely. If no answer applicable, write “N/A” in the space provided.

Where space provided is insufficient to fully answer, please attach additional sheet(s).

**GENERAL INFORMATION**

1. Named Insured: Policy Number:
2. Website:
3. Contact Name & Phone Number for Inspection:
4. Applicant is:  Individual  Partnership  Joint Venture  Organization
5. Number of years in Business: Number of years at location to be insured:
6. Legal Address and/or Legal Land Description of site to be insured (if more than 1 location, yes separate questionnaire):

1. Description of Operations:
2. Indicate the type of land use and occupancy in an approximate one (1) mile radius of your operation.

CHECK ALL WHICH ARE APPLICABLE.

Agricultural  Densely Populated  Moderately Populated

Apartments  Heavy Industrial  Parks and Recreation Areas

Barren or Unoccupied  Light Industrial  Single Family Housing

Commercial  Lightly Populated

1. Identify, by name any body of water or water course within one (1) mile radius of your operation and indicate the approximate distance.

1. Is your facility and/or property serviced by a storm sewer or open ditch leading to a natural water course to which a discharge could occur other than storm water?  Yes  No

If YES, provide details:

1. Answer Yes or No to each of the following. ALL MUST BE ANSWERED.

Do You:

Yes  No Discharge to water or land

Yes  No Discharge to a sewer system (other than sanitary system)

Yes  No Discharge to air

Yes  No Operate air pollution central equipment

Yes  No Generate hazardous waste

Yes  No Store or apply pesticides, insecticides, or herbicides

Yes  No Utilize compressed gases other than air

Yes  No Utilize solvents, degreaser, paints, or other volatile organic chemicals

Yes  No Utilize acids, alkalis, or other reactive chemicals

Yes  No Is there a neighbouring land use from which a potential pollutant(s) could enter your property?

If YES, provide details:

1. List all waste substances generated or handled by your operations. Include waste oils, spent solvents, degreasers, and rinse waters, etc.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TYPE OF WASTE | METHOD OF STORAGE | QUANTITY GENERATED PER MONTH | MAXIMUM INVENTORY | WASTE REMOVAL FREQUENCY | NAME OF WASTE REMOVAL FIRM |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Do you have underground tanks and/or above ground tanks located outdoors, or tanks located indoors?  Yes  No

**If yes, complete tank data supplement.**

1. Do you have waste pits, sumps, vaults or drains, an incinerator or polychlorinated biphenyls (P.C.Bs) used or stored?  Yes  No

If YES, provide details:

1. Are you involved in the construction, installation, maintenance or repair of pollution control or monitoring equipment, waste storage, treatment, or disposal facilities?  Yes  No

If YES, provide details:

1. Are there any Government statutes, standards, or other city or provincial regulations for the protection of the environment with which you do not comply?  Yes  No

If YES, please provide details:

1. Are there any charges, directions, stop orders or control orders laid or issued?  Yes  No

If YES, please provide details:

1. Have there been any changes in your operation during the last five years that have altered (lessened or increased) the risk of a pollution incident?  Yes  No

If YES, provide details:

1. List and describe all pollution or environment damage claims. Include unpaid claims or complaints which have occurred in the past five (5) years and claims for which no insurance was purchased.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE OF CLAIM | CLAIM DESCRIPTION | OPEN OR CLOSED? | AMOUNT PAID OR CURRENT RESERVE | STEPS TAKEN TO MITIGATE OR PREVENT FUTURE CLAIM |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. List all events in the past five years, which, in your view, could have led to pollution damage. Exclude any mentioned above.

1. Has pollution coverage been declined in the past 5 years?  yes  no

If YES, provide details:

1. Do you have pollution liability coverage currently in effect?  yes  no

If yes, provide:

Insurer: Limit: Deductible: Annual premium:

1. Limited Pollution Liability limit required:  Deductible:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and that this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

|  |  |  |
| --- | --- | --- |
| ­­­Broker Signature: | Date Signed: | Title: |
|  |  |  |
| Applicant Signature: | Date Signed: | Title: |
|  |  |  |