



1550 Bedford Highway, Suite 815 Bedford, NS B4A 1E6
t: 1-877-343-8224 f: 1-877-432-9822 e: accounts@agileuw.ca
agileuw.ca

Contractor's Pollution Liability Application

Applicant Information

1. First Named Insured: _____

2. List all other Named Insureds requesting coverage under the policy and describe their relationship with the First Named Insured:

Named Insured	Relationship to the First Named Insured

3. First Named Insured's Mailing Address:

4. Telephone: _____

5. Email: _____

6. First Named Insured is:

- Sole Trader Partnership Limited Company
 Joint Venture Corporation Other (Specify)

7. Overview of the business activities and processes for all Named Insureds:

8. How long have you been in business performing these activities? If less than 5 years, please advise what experience management has of this area of work i.e. at prior employers etc;

Limits Required

9. Limit of Liability: Indicate limit option(s) requested

a. Each Incident Limit: \$ _____

b. Policy Aggregate Limit: \$ _____

10. Deductible: Indicate deductible option(s) requested: \$ _____

Contracting Operations

11. Have you purchased this type of insurance in the last five (5) years? If yes, please provide details and retroactive date to apply:

Yes No

If yes, what is the retroactive date? _____

12. Please provide details of annual revenues for the last three (3) years of account and an estimate for the forthcoming year of account:

Year of Account		Revenue (CAD)
Forthcoming year (projected)	20_____	
Prior year 1	20_____	
Prior year 2	20_____	
Prior year 3	20_____	

13. Do you perform any work in countries other than that of the Named Insured's domicile?

Yes No

If yes, give details:

14. Do you undertake any contracting operations on offshore rigs, platforms or other permanent structures?

Yes No

If yes, give details:

Risk Details

15. Do you ever take mobile fuel tanks to job sites?

Yes No

16. Do you have a written emergency spill response procedure and take spill containments kits to job sites?

Yes No

17. What levels of insurance do you require subcontractors to carry?

- a. General liability: _____
- b. Contractor's pollution liability: _____
- c. Professional liability: _____

18. Do you require a written contract with subcontractors containing hold harmless and indemnification provisions with respect to environmental / pollution incidents prior to them commencing work for you?

Yes No

19. Do you have any sudden and accidental pollution coverage under your general liability insurance?

Yes No

If yes, please advise limits: _____

20. Please complete the attached **Contracting Operations Schedule** at pages 5 / 6 – all activities to be covered should be detailed in the contracting operations schedule attached to this application.

NB: If cover is required for annual operations, please enter annual revenue in the schedule.

If cover is required **only for a specific project or contract** please enter total revenues associated with this in the schedule and complete the following:

- a. Duration of project: _____
- b. Description of project scope: _____
- c. Name / description of customer: _____

21. If your contracting operations include transportation / haulage please ensure these are entered in the relevant sections of the **Contracting Operations Schedule** and complete the following:

a. Licensing:

i. Do you hold all required licenses for the goods or waste hauled?

Yes No

b. Mileage:

i. Total projected annual mileage: _____

ii. Is any transportation performed beyond the borders of the Named Insured's country of domicile?

Yes No

If yes: _____

iii. Percentage mileage outside of Named Insured's country of domicile: _____%

iv. Territories travelled to: _____

c. Spill Response:

i. Do you have a written emergency spill response procedure for transportation?

Yes No

ii. Do all vehicles carry spill response equipment / kits?

Yes No

To be completed if Contractors Pollution and/or Transportation Activities coverage is requested.

Please complete this schedule in full ensuring monetary values are entered in the revenue column. Where applicable, also indicate for each type of contracting operation the percentage sub-contracted in the relevant column; and percentage of any such operations which are performed in the USA.

Contracting Operations	Expiring Revenues	Forthcoming Revenues	Percentage Subcontracted	Percentage undertaken in USA
AST installation				
Brickwork / masonry / concrete				
Bridge construction / maintenance				
Carpentry				
Construction management				
Contaminated soil excavation				
Demolition				
Dredging & marine activities				
Drilling of monitoring wells / potable wells				
Drilling support services (No 'downhole' or wellhead works)				
Electrical contracting				
Emergency spill response				
Excavation / site grading				
Facilities management				
Flooring				
Gardening & landscaping with no chemical usage and application				
Hauling – non-hazardous goods				N/A – US transportation proportion should be entered in mileage question transportation activities
Hauling – other fluids				
Hauling – petroleum / chemical / other hazardous				
Hauling / collection – non-hazardous waste				
HVAC / Plumbing				

Industrial cleaning				
Industrial construction				
Landfill construction				
Landfill management				
Logging				
Management of waste treatment / recycling sites				
Mechanical / industrial equipment installation / maintenance				
Painting / exterior finishing				
Pesticide / Herbicide / Fungicide application				
Piling / foundation works				
Pipeline construction & maintenance (industrial / chemical / fuel)				
Pipeline construction & maintenance (water / sewer)				
Residential construction				
Road construction / maintenance				
Roofing / insulation				
Soil & groundwater boring / sampling				
Soil / groundwater treatment / remediation				
Telecommunications				
Tunneling				
UST removal / decommissioning				
Total:				

For the purpose of questions “you” means all Named Insureds and any director, officer, or partner thereof.

22. Have you in the last five (5) years:

a. Had any reportable releases or spills of hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations? Or

b. Been in breach of / non-compliance with any environmental license or permit issued to you?

Yes No

If yes, please describe and provide further documentation where possible:

23. Have you in the last five (5) years been prosecuted or threatened with prosecutions or are you currently being prosecuted for any offence directly or indirectly arising out of a release of pollutants into any surface water, air or into land or groundwater?

Yes No

If yes, please describe and provide further documentation where possible:

24. List all the claims made against you during the last five (5) years for clean-up costs, bodily injury or property damage, resulting from the release of hazardous substances, hazardous waste or other pollutants.

25. At the time of signing this application, are you aware of any facts or circumstances which may reasonably be expected to give rise to a claim or claims being asserted against you for clean-up costs, bodily injury or property damage arising from a release of pollutants?

Yes No

If yes, please describe:

Declaration

I / we declare that the best of my / our knowledge and belief the answers given on this application whether by me / us or on my / our behalf are complete and true and that I / we have not withheld any material information.

If this application has been completed on my / our behalf, I / we agree in person is deemed to be my / our agent and not an agent for the Insurer and I/we have read the information provided before signing the form.

Date: _____

Signature of Applicant: _____

If Company name; state position held: _____

This application must be signed by a principal, director or partner of the First Named Insured.