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# Application

## Environmental Cleanup and Liability Insurance for Premises

**Submitting Broker, please complete the following to assist us in processing this submission:**

Name of Brokerage: \_\_\_\_\_

Name of Broker Contact: \_\_\_\_\_

Brokerage Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

For renewal purposes only: Policy Number: \_\_\_\_\_ ISN (Client's Number): \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_

2. Applicant's Address: \_\_\_\_\_

3. Named Applicant is:  Partnership  Corporation  Joint Venture  Other (specify): \_\_\_\_\_

4. (a) Covered Locations:

Municipal Address	Describe the Applicant's Operations at This Location	Year the Applicant Began to Occupy This Location	Leased or Owned Facility

(b) Are any of the Covered Locations occupied by any companies other than the Applicant? YES  NO

If yes, please provide all company names and a description of operations performed by each company:

\_\_\_\_\_  
 \_\_\_\_\_

(c) Do any of the Covered Locations contain an open or closed landfill? YES  NO

(d) Do any of the Covered Locations have above ground or underground storage tanks? YES  NO

If yes, please complete the Supplementary Questionnaire for Storage Tanks (see [www.victorinsurance.ca](http://www.victorinsurance.ca)).  
 If the sole pollution exposure for the Applicant arises from tank exposures, please ask your insurance broker about Victor's Tank Program.

(e) Are there groundwater monitoring wells located at any of the Covered Locations? YES  NO

If yes, please provide details:

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(f) Do any of the Covered Locations have incinerators? YES  NO

If yes, please provide the age of the incinerators and list the materials incinerated:

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(g) Please describe the past uses of the Covered Locations as follows (if no other previous uses, please indicate none):

Municipal Address	Past Uses of This Location

5. (a) Have there been any changes in processes at any of the Applicant's Covered Locations during the past five years that have lessened or increased the risk of a pollution incident? YES  NO

If yes, please provide details:

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(b) Is the Applicant contemplating or planning any changes to the operations at any of the Covered Locations during the next 12 months? YES  NO

6. Please provide the Applicant's sales for the upcoming year and for the previous five years:

(a) Estimated sales (coming year): \_\_\_\_\_

(b) Sales for last five years:

Year					
Sales					

## 7. Materials Handling

(a) Is the Applicant in any way directly or indirectly involved with asbestos products or asbestos waste? YES  NO

(b) Please list the raw materials used at the Covered Locations indicated in question 4:

Raw Material Description	Total Amount Used Per Year	Maximum Amount Used at Any One Time	Method of Storage

(c) Is there any tire storage at the Covered Locations?

YES  NO

Total Amount Stored at Any One Time	Method of Storage (inside/outside, container)	Fire Prevention, Loss Control Methods in Place

**8. Solid and Semi-solid Waste Disposal**

(a) By completing the table below, please indicate what disposal is done on-site at any of the Covered Locations (landfill, surface impoundment, deepwell injection, etc.):

Composition of Waste	Quantity Disposed On-site Per Year	Disposal Method

(b) What disposal is done off-site (away from any of the Covered Locations):

Composition of Waste	On-site Storage Method (prior to transporting to off-site premises)	Length of Storage on Our Covered Location	Quantity Per Year	Disposal Facility Name and Location

(c) Transportation information:

Name of Waste Hauler	Type of Waste Handled	Is any waste transported to the United States?

**9. Emissions and Effluent Control**

(a) Please describe on-site waste treatment facilities provided to reduce the concentration of contaminants in the liquid effluent from the Covered Locations:

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(b) Please describe equipment used at each of the Covered Locations to control air emissions:

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- (c) Please describe processes at any of the Covered Locations to recycle, re-use or separate materials from process waste:

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**10. Automobile Exposure**

- (a) Vehicle information:

Number of Vehicles	Vehicle Type	Attached Equipment	Radius of Operations	Any Travel in the United States?

- (b) Details of automobile insurance:

	Limit	Insurer
Primary policy		
Excess or Umbrella		

Is the policy subject to attached machinery exclusion SEF 30? YES  NO

**11. Third Party Exposures**

Please describe the properties immediately adjacent to the Covered Locations:

- (a) Covered Location Address (please provide answers for each Covered Location):

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- (b) Description of property immediately adjacent to the North of the Covered Location:

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- (c) Description of property immediately adjacent to the South of the Covered Location:

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- (d) Description of property immediately adjacent to the East of the Covered Location:

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- (e) Description of property immediately adjacent to the West of the Covered Location:

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**12. Inspections/Risk Management of Covered Locations**

- (a) Inspection contact (please provide the name and telephone number of the inspection contact for each Covered Location):

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- (b) During the last five years, has the Applicant or a third party conducted an environmental audit or survey of the Applicant's Covered Locations or operations? YES  NO

If yes, please provide a copy of the survey.

- (c) Does the Applicant have an Environmental Safety Committee or any employees vested with specific responsibility for environmental control? YES  NO

If yes, please describe their duties and to whom they report:

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- (d) Are there any statutes, standards, or other city, provincial or federal regulations relating to the protection of the environment which apply to any location with which the Applicant cannot at present comply?

YES  NO

If yes, please provide details:

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### 13. Claims History

- (a) Has the Applicant during the last five years been prosecuted for contravention of any standard or law relating to the release from any Covered Location of a substance into sewers, rivers, sea, air or onto land?

YES  NO

If yes, please provide details:

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- (b) Has the Applicant had any pollution claims during the last five years?

YES  NO

- (c) Is the Applicant aware of any fact, circumstance or situation which could result in a claim being made against the Applicant or any other person/entity for whom coverage is being sought?

YES  NO

If yes, please provide details:

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- (d) Are any of the Covered Locations contaminated?

YES  NO

If yes, please provide details:

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### 14. In-force and Upcoming Environmental Coverage

*(Only complete this section if this is a new business Applicant to Victor.)*

- (a) Please confirm if the Applicant currently has environmental coverage on a gradual basis or sudden and accidental basis:

Current Environmental Insurance Carrier	Period of Coverage and Type of Coverage (G = Gradual, S&A = Sudden and Accidental)	Policy Limit (also indicate any sublimits)	Deductible	Premium
	Period: _____ Type of coverage: _____			

- (b) Please select the level of coverage required:
- Gradual Pollution Conditions
  - Sudden Pollution Events only  
(120 hours detection and reporting)
  - Sudden Pollution Events only  
(240 hours detection and reporting)

- (c) Does the Applicant require environmental impairment liability coverage for any off-premises operational exposures?

YES  NO

If yes, please provide a description of the Applicant's off-premises operations as well as the anticipated annual receipts:

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(Please note that, if accepted, coverage for off-premises operational exposures will be provided by a separate contractor's pollution policy.)

- (d) Has any insurance company denied, cancelled or non-renewed environmental impairment liability coverage to the Applicant? YES  NO

If yes, please provide details:

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- (e) What are the limits and deductible required for the upcoming policy term?

Limits required:

- \$500,000/\$1,000,000       \$1,000,000/\$1,000,000       \$5,000,000/\$5,000,000  
 \$1,000,000/\$2,000,000       \$2,000,000/\$2,000,000       Other: \_\_\_\_\_

Deductible required:

- \$5,000       \$10,000       \$25,000       \$50,000       \$100,000

### **APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM**

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I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. ("Victor") for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor's privacy policy, please contact [privacypolicyinquiries@victorinsurance.com](mailto:privacypolicyinquiries@victorinsurance.com).

### **DECLARATIONS AND SIGNATURE**

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The undersigned declares that the above statements are accurate and complete and acknowledges the undersigned's understanding that the Insurers are relying upon the statements in issuance of any quotation, binder or policy related to this Application. Should a policy be issued, this Application and its attachments shall form part of the policy. The undersigned agrees that if information supplied in this Application changes between the date of this Application and the effective date of the policy, the undersigned will provide written notice of such changes immediately to Victor and Victor may withdraw or modify any outstanding quotations or agreement to bind coverage.

Name of Applicant (please print): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_