intact INSURANCE

Intact Insurance Company

Limited Pollution Liability

All questions are to be answered as completely as possible. If a question is not applicable to your situation state N. A. If insufficient space, attach full details.

1. Name of Applicant (include all subsidiary companies to be insured: _____

_____

2. Address: _____
   (Number)   (Street)   (City)   (Prov)   (Postal Code)

3. Is Applicant an ☐ Individual ☐ Partnership ☐ Corporation ☐ Other (give details)

4. How long has Applicant been in business under present name?

_____

5. Has Applicant operated under a different name in the past?   ☐ Yes   ☐ No
   If yes, details:
   _____

6. Limits of Insurance:
   $ _____ Each Occurrence $ _____ Deductible
   This limit is part of, not in addition to, the Each Occurrence Limit shown in the Declarations.

7.

Location of all premises owned, rented or controlled by Applicant	Description of operations	Years in Business
1.		
2.		
3.		

8. a) Are any of the above locations occupied by other than the Applicant?   ☐ Yes   ☐ No
   If yes, give full details: _____
   b) Does Applicant have any "off-premises" operational exposures?   ☐ Yes   ☐ No
   If yes, give full details:

9. Gross Annual Revenue (Except for farms - show total number of acres).
   a) Estimated (ensuing year) $
   b) Last 5 years   20_____   20_____   20_____   20_____   20_____   Acres _____
                      $ $ $ $ $

10. a) 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, give details: _____

    b) Are there or have there ever been any charges, directions, stop orders or control orders laid or issued?   ☐ Yes   ☐ No
    If yes, give details:
    _____

_____
_____

11. Have there been any changes in your operation during the last five years that have altered ☐ Yes ☐ No

_____

(lessened or increased) the risk of a pollution incident?
If yes, give details:

12. Indicate the type of land use and occupancy in an approximate one-mile radius of your operation.
Check as many as applicable.

☐ Heavy Industrial   ☐ Light Industrial   ☐ Commercial
☐ Apartments   ☐ Single Family Housing   ☐ Densely Populated
☐ Moderately Populated   ☐ Lightly Populated   ☐ Barren or Unoccupied
☐ Agricultural   ☐ Parks and Recreation Use

13. Indicate the official plan designation and municipal land use zoning for your property and ☐ Yes ☐ No
indicate whether you are in compliance.
Official Plan :
Zoning   :
If no, give details of areas and extent to which you are not in compliance and whether these are temporary or permanent circumstances.

_____

_____

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

b) Is your facility and/or property serviced by a storm sewer or open ditch leading to a natural water course ☐ Yes ☐ No
to which a discharge could occur other than stormwater?
If yes, give details:

15. List all raw materials utilized in process, all intermediate and end products.

Name	Gas, Solid Granular or Liquid	Quantity On Hand Normal	Maximum	Type of Container	Volume of Largest Container	Underground (Yes/No)	If above ground, type of secondary containment provided

16. **Description of operations conducted by Applicant:**
Describe the facility operations, including manufacturing or production processes and any waste treatment or disposal activities. Attach a site diagram outlining buildings, storage areas, tanks, sanitary and storm sewers, etc., and process flow schematics for all processes involving potential pollutants and waste treatment and disposal systems.

Answer Yes or No to each of the following. All questions must be answered.			
Do You:	**Yes**	**No**	
a. Discharge (other than stormwater) to a body of water.			If yes, attach a copy of the certificate of approval and/or all other relevant information to confirm compliance with all current legislation.
b. Discharge to a sanitary sewer system (other than domestic type waste).			Same as above

72108 (12-2000) W7723 R1 - Limited Pollution Liability

c. Operate water pollution control equipment..			Same as above.
d. Discharge to air			Same as above.
e. Operate air pollution control equipment.			Same as above.
f. Operate an incinerator.			Same as above.
g. Discharge or dispose of any solid or liquid industrial wastes to land on site or elsewhere.			Same as above.
h. Generate hazardous wastes and/or liquid industrial wastes.			Same as above.
i. Store or apply pesticides, insecticides or herbicides			If yes, provide details of those utilized including quantities stored and method(s) of storage and licenses.
j. Utilize acids, alkalis or other reactive			As above except licenses.
k. Utilize compressed gases other than air.			As above.
l. Utilize solvents, degreasers, paints or other volatile organic compounds.			As above.
m. Get involved, directly or indirectly, with asbestos products or asbestos wastes?			As above.
Do you have			
n. Underground tanks.			List on storage tank data list.
o. Aboveground tanks located outdoors.			List on storage tank data list.
p. Tanks located indoors.			List on storage tank data sheet.
q. Waste pits, pumps, vaults or drains.			
r. Polychlorinated Biphenyls (PBCs) used or stored.			List amounts, where and how stored.

17. Permission to discharge to the Environment:
Attach a copy of every application made on behalf of your operation to government authority, in request for a permit to emit or discharge any contaminant in any amount, concentration or level in excess of that prescribed by the regulations. Also provide a copy of any documentation evidencing approval granted by a government authority related to these activities. (If not already provided under section16.)

18. Environmental Safety Committee:
Do you have an environmental safety committee or any employees vested with specific responsibility ☐ Yes ☐ No for environmental control?   If yes, describe their duties and to whom they report:

19. Non-Owned Automobile exposure:
Do you have any pollutants carried for you under contract? ☐ Yes ☐ No
 If yes, give details:

20. During the past five years have you or anyone else conducted an environmental audit of survey ☐ Yes ☐ No of your premises or operations? If yes, provide a copy.

21. Is there a neighbouring land use from which a potential pollutant(s) could enter your property? ☐ Yes ☐ No
 If yes, give details: _____

22. Give details of all Pollution Liability insurance carried during past three years:

Type of Policy		Policy Number	Company	Expiry Date	Limits
Claims Made	Occurrence				
*					
*					

72108 (12-2000) W7723 R1 - Limited Pollution Liability

* If the policy is subject to a Retroactive Date, give details:_____

23. Give details of all pollution or environmental damage claims brought against the Applicant during the past five years:

Date of Accident	Amount		Details
	Paid	Outstanding	

24. Do these paid or outstanding amounts reflect any deductible provision(s) contained in existing
or previous insurance policies? ☐ Yes ☐ No
If yes, to what coverage(s) does /did the deductibles apply and what is/was the deductible amount?
_____

25. Is the Applicant aware of any incidents, not yet reserved, that may result in claims against you? ☐ Yes ☐ No
If yes, give details:

26. Are any of the locations to be insured contaminated? ☐ Yes ☐ No
If yes, give details:

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for contract of insurance to be based upon the truth of the said statements.

Signed by: Date:
Position: Agent/Broker:

Signing of this form does not bind the Applicant to complete the Insurance.

_____   _____

_____   _____

Storage Tank Data Sheet
Note - Loc.# as stated on page 1

Use a separate column for each Tank				
Storage Tank Identification and Location	#1 at Loc. #	#2 at Loc. #	#3 at Loc. #	#4 at Loc. #

1. Is tank:
  a) Underground
  b) Aboveground
	a) ☐
	b) ☐
		a) ☐
		b) ☐
			a) ☐
			b) ☐
				a) ☐
				b) ☐

2. Age of Tank:				
3. a) Year Installed				
b) Indicate name of Installer				

4. Tank Construction
  a) Steel
  b) Fibreglass Reinforced Plastic (FRP)
  c) Other (specify)
	Yes No
	☐ ☐
	☐ ☐
		Yes No
		☐ ☐
		☐ ☐
			Yes No
			☐ ☐
			☐ ☐
				Yes No
				☐ ☐
				☐ ☐

72108 (12-2000) W7723 R1 - Limited Pollution Liability

	#1	#2	#3	#4

5. I steel tank, specify corrosion protection:
  a) Cathodic: CAN4-603.1M ULC Standard
  b) Bituminous (tar) Coating::
  c) Other (specify)
	Yes ☐ No ☐
	Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐

6. Does underground tank have:
  a) secondary containment:
  b) Describe interstitial leak detection:
	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

7. Piping System Construction
  a) Steel:
  b) Fibreglass:
  c) Other (Specify)
	Yes ☐ No ☐
	Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐

8. If steel piping, specify corrosion protection:
  a) Cathodic:
  b) Bituminous:
  c) Other (specify)
	Yes ☐ No ☐
	Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐

9. If cathodic protection is used for corrosion protection, state the year installed:
  i)   a) Tanks
      b) Pipes
	a) _____
	b) _____
		a) _____
		b) _____
			a) _____
			b) _____
				a) _____
				b) _____

ii)   a) When was the last cathodic protection voltage measurement taken?
      b) By whom?
      c) What were the results?				

10. Aboveground tank:
  a) Is tank and piping protected against vehicle impact?
  b) Is tank dyked?
	Yes ☐ No ☐
	☐ ☐
		Yes ☐ No ☐
		☐ ☐
			Yes ☐ No ☐
			☐ ☐
				Yes ☐ No ☐
				☐ ☐

Use a separate column for each Tank

Storage Tank Identification and Location	#1 at Loc.#	#2 at Loc.#	#3 at Loc.#	#4 at Loc.#
11. Tank Leak Detection: a) Is there a leak detection system in place for the tank?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
b) Has the tank been leak tested?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Identify date of last test:
    Type of test:
    Result of test:				

c) Are permanent monitoring wells in place?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

12. Piping and Pumping Leak Detection
  a) Are flexible connectors used in the piping system?
  b) Is a submerged turbine pump in place? (If yes, go to question 13.)
	Yes ☐ No ☐
	☐ ☐
		Yes ☐ No ☐
		☐ ☐
			Yes ☐ No ☐
			☐ ☐
				Yes ☐ No ☐
				☐ ☐

c) If the answer to 12 b) is "No", describe the type of pump used. d) Describe the leak detection provided for the pumping and piping system:				
13. a) Type of product stored:				

72108 (12-2000) W7723 R1 - Limited Pollution Liability

	Yes ☐ No	☐Yes ☐No	☐Yes ☐No	☐ Yes ☐ No
b) Is tank part of an oil/water separator?				
14. Capacity (litres/imp.gal):				
15. Do you have a Tank Certificate or registration? If yes, attach a copy.	☐Yes ☐ No	☐Yes ☐No	☐Yes ☐No	☐ Yes ☐ No

16. a) Are premises
    Owned ☐   Leased ☐
  b) If leased, when was your first year of occupancy? _____

17. a) (i) Is there a product inventory record for each underground tank in accordance with Provincial regulations? ☐ Yes ☐ No
     (ii) Is there a weekly product reconciliation system for each underground tank? ☐ Yes ☐ No
  b) Are the inventory reconciliation figures for each underground tank reviewed to identify trends which could
    indicate a leak? ☐ Yes ☐ No
    Frequency of review:_____

  c) What is the maximum variance allowed between inventory record and the current meter reading?
  d) Are underground tanks checked for water content in accordance with provincial regulations? ☐ Yes ☐ No
  e) Please indicate if you maintain permanent records on:
    - Cathodic Protection voltage Measurements ☐ Yes ☐ No
    - Impressed voltage current system checks ☐ Yes ☐ No
    - Line leakage detection system tests ☐ Yes ☐ No
    - Inspections, tests or maintenance checks of storage tank system equipment ☐ Yes ☐ No

18. Are you aware of any incident(s) that could give rise to a claim(s) against you for pollution? ☐ Yes ☐ No
If yes, give details:_____

_____
_____

_____

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for contract of insurance to be based upon the truth of the said statements.

I/We declare that should a policy be issued, I/we shall maintain, operate and monitor tanks covered under an issued policy in accordance with provincial regulations and the information supplied on this application where it is in excess of provincial regulations.

Signed by:_____   Date:_____

Position:_____   Agent/Broker: