**CONTRACTOR’S POLLUTION LIABILITY (PRACTICE POLICY) FORM**

**1 – Insureds’ Details**

1. Named Insureds;
2. First Named Insured…………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………

1. 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 |
|  |  |
|  |  |
|  |  |

1. First Named Insured’s Mailing Address

……………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………….

1. Telephone ……………………………………………………

1. Email Address……………………………………………………………………………………………………………………

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

1. First Named Insured is:
2. Overview of the business activities and processes for all Named Insureds;

……………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………....

1. 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.

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**2 – Limits Requested**

* 1. **Currency: \_\_\_\_\_\_\_\_\_**
	2. **Limit of Liability:**

Indicate limit option(s) requested

Each Incident Limit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Aggregate Limit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Deductible**
	Indicate deductible option(s) requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3 – Contracting Operations**

1. Have you purchased this type of insurance in the last five (5) years? If yes, please provide details and retroactive date to apply for any annual cover;

**Yes** **No**

If yes, Retroactive date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Revenue**

Please provide details of total annual revenues for the last three years and an estimate for the forthcoming year of account;

|  |  |
| --- | --- |
| Year of Account | Revenue |
| Forthcoming year [projected] | 20\_\_\_ |  |
| Prior year 1 | 20\_\_\_ |  |
| Prior year 2 | 20\_\_\_ |  |
| Prior year 3 | 20\_\_\_ |  |

1. Do you perform any work in countries other than that of the Named Insured’s domicile? **Yes No**

If **yes** give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Yes No**

If yes, provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you ever take mobile fuel tanks to job sites? **Yes No**
2. Do you have a written emergency spill response procedure and take spill containment kits to job sites? **Yes No**
3. What levels of insurance do you require subcontractors to carry?

General liability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor’s pollution liability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional liability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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**
2. Do you have any sudden and accidental pollution coverage under your general liability insurance?

 **Yes** **No**

 If yes, please advise limits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please complete the attached **Contracting Operations Schedule**; all activities to be covered should be detailed in the contracting operations schedule attached to this application.
2. 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:
3. **Licencing**

Do you hold all required licences for the goods or waste hauled? **Yes No**

1. **Mileage**
2. Total projected annual mileage: \_\_\_\_\_\_\_\_\_\_\_
3. Is any transportation performed beyond the borders of the Named Insured’s country of domicile?

**Yes No**

If **yes:**

1. Percentage mileage outside of Named Insured’s country of domicile: \_\_\_\_\_\_\_\_%
2. Territories travelled to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Spill Response**
4. Do you have a written emergency spill response procedure for transportation? **Yes No**
5. Do all vehicles carry spill response equipment/kits? **Yes No**

**Contracting Operations Schedule**

Please complete this schedule in full ensuring monetary values are entered in the estimated gross revenue column and that all values add up to the Annual Revenue for the forthcoming policy period. 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.

|  |  |  |
| --- | --- | --- |
| **Contracting Operations** | **Estimated Gross Revenue** | **Percentage Subcontracted** |
| Asbestos/ lead abatement |  |  |
| AST installation / removal |  |  |
| 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 only (No Downhole work) |  |  |
| Electrical contracting |  |  |
| Emergency spill response |  |  |
| Excavation / site grading |  |  |
| Facilities management |  |  |
| Flooring |  |  |
| Gardening & Landscaping with no chemical usage or application |  |  |
| General Construction |  |  |
| Hauling - non-hazardous goods |  |  |
| Hauling - other fluids |  |  |
| Hauling - petroleum / chemical / other hazardous |  |  |
| Hauling/collection - waste |  |  |
| HVAC / Plumbing |  |  |
| Industrial cleaning |  |  |
| Industrial Construction |  |  |
| Landfill construction |  |  |
| Landfill liner installation |  |  |
| Landfill management |  |  |
| Logging & site clearance w/ no chemical usage and application |  |  |
| Management of waste treatment / recycling sites |  |  |
| Mechanical / industrial equipment installation / maintenance |  |  |
| Mould remediation / abatement |  |  |
| Painting / exterior finishing |  |  |
| Pesticide / Herbicide / Fungicide Application |  |  |
| Piling / foundation works |  |  |
| Pipeline Construction & Maintenance (Industrial / chemical / fuel) |  |  |
| Pipeline Construction & Maintenance (Nat. Gas) |  |  |
| Pipeline Construction & Maintenance (Water / Sewer) |  |  |
| Residential construction |  |  |
| Road construction / maintenance |  |  |
| Roofing / insulation |  |  |
| Soil & groundwater boring |  |  |
| Soil & groundwater sampling |  |  |
| Soil / groundwater treatment / remediation |  |  |
| Telecommunications |  |  |
| Tunneling |  |  |
| UST removal / decommissioning |  |  |
| **Total:** |  |  |

**4 – Claims / Circumstances**

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

1. Have you in the last five (5) years:
	1. Had any reportable releases or spills of hazardous waste or any other pollutants, as defined by applicable environmental statues or regulations? or
	2. 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

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1. 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

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1. 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

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

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1. 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

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

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**5 – 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.