

LIMITED POLLUTION LIABILITY INSURANCE APPLICATION

01. Applicant: _____

02 Applicant's Address:

03. Individual Partnership Joint Venture Organization Years in Business: _____

04. Inspection (Contact Name/Phone:) _____

05. Limit of Liability: _____
Deductible: _____

06. Address of Insured Site (if two or more locations, attach separate list):

07. Nature of Business or Operations:

08. a) Years in business: _____
b) Years at location: _____

09. 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 any charges, directions, stop orders or control orders laid or issued? Yes No

If yes, give details:

10. 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, give details:

11. a) Indicate the type of land use and occupancy in an approximate one (1) mile radius of your operation. Check as many as applicable:

- | | | | |
|-----------------------|--------------------------|----------------------------|--------------------------|
| Heavy industrial | <input type="checkbox"/> | Lightly Populated | <input type="checkbox"/> |
| Apartments | <input type="checkbox"/> | Parks and Recreation Areas | <input type="checkbox"/> |
| Moderately Populated | <input type="checkbox"/> | Commercial | <input type="checkbox"/> |
| Agricultural | <input type="checkbox"/> | Densely Populated | <input type="checkbox"/> |
| Light Industrial | <input type="checkbox"/> | Barren or Unoccupied | <input type="checkbox"/> |
| Single Family Housing | <input type="checkbox"/> | | |

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

c) 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, give details:

12. Answer Yes or No to each of the following. All questions must be answered.

Do you:

- | | | |
|--|------------------------------|-----------------------------|
| a) Discharge to water or land | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Discharge to a sewer system (other than sanitary system) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Discharge to air | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Operate air pollution central equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Utilize solvents, degreaser, paints or other volatile organic chemicals | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f) Generate hazardous waste | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g) Store or apply pesticides, insecticides or herbicides | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h) Utilize compressed gases other than air | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| i) Is there a neighbouring land use from which a potential pollutant(s) could enter your property? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| j) Utilize acids, alkalis or other reactive chemicals | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, give details:

13. List all waste substances generated or handled by Applicant (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

14. a) Do you have underground tanks, above ground tanks located outdoors or tanks located indoors?
Yes No

If yes, complete tank data supplement.

b) Do you have waste pits, sumps, vaults or drains, an incinerator or polychlorinated biphenyls (PCBs) used or stored
Yes No

If yes, give details:

c) Are you involved in the construction, installation, maintenance or repair of pollution control or monitoring equipment, waste storage, treatment or disposal facilities?

If yes, give details:

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

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

17. Has pollution coverage been declined in the past? Yes No

If yes, give details:

18. Do you have pollution liability coverage currently in effect? Yes No

If yes, give details:

APPLICANT'S STATEMENT

I have read the above application and I declare that to the best of my knowledge and belief, all of the foregoing statements are true, and that these statements are offered as an inducement to the insurer to issue the policy for which I am applying I agree that insurance is not in effect until confirmed by the insurer

Applicant's Signature

Date

Applicant's Title

Agent/Broker