Glemham Underwriting

Proposal Form

Contractor's Pollution Liability

www.glemham.com

CONTRACTOR'S POLLUTION LIABILITY APPLICATION FORM

1 – Insureds' Details

A. Named Insureds;

I. First Named Insured……

……

II. 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

B. First Named Insured's Mailing Address

……..

……

……..

C. Telephone ……

D. Email Address……

E. First Named Insured is:

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

F. Overview of the business activities and processes for all Named Insureds;

……

……

……..

G. 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;

……

……

……...

2 – Limits Required

A. **Currency: _____**

B. **Limit of Liability:**

Indicate limit option(s) requested

Each Incident Limit _____

Policy Aggregate Limit _____

C. **Deductible**

Indicate deductible option(s) requested _____

3 –Contracting Operations

A. 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 _____

B. **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 (CAD)
Forthcoming year [projected]	20___	
Prior year 1	20___	
Prior year 2	20___	
Prior year 3	20___	

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

If **yes** give details: _____

_____

_____

D. Do you undertake any contracting operations on offshore rigs, platforms or other permanent structures?
Yes **No**

If yes, provide details _____

_____

_____

E. Do you ever take mobile fuel tanks to job sites? **Yes** **No**

F. Do you have a written emergency spill response procedure and take spill containment kits to job sites? **Yes** **No**

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

General liability: _____

Contractor's pollution liability: _____

Professional liability: _____

H. 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**

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

Yes **No**

If yes, please advise limits _____

J. Please complete the attached **Contracting Operations Schedule** at pages 6/7; 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:*

I. Duration of project: _____

II. Description of project scope:_____

III. Name/description of customer:_____

IV. Project territory/location: _____

K. 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:

I. **Licencing**

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

II. **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: _____

III. **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**

Contracting Operations Schedule

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.

Contracting Operations	Expiring Revenues	Forthcoming Revenues	Percentage Subcontracted
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 w/ no chemical usage and application			
Hauling – non-hazardous goods			
Hauling - other fluids			
Hauling - petroleum / chemical / other hazardous			
Hauling/collection - non-haz 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 (Nat. Gas)			
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:			

4 - Claims / Circumstances

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

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

   i. Had any reportable releases or spills of hazardous waste or any other pollutants, as defined by applicable environmental statues or regulations? or
   ii. 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

_____

_____

_____

_____

II. 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

_____

_____

_____

_____

III. 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

_____

_____

_____

_____

IV. 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

_____

_____

_____

_____

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.

Glemham Underwriting

Prospect House, Rouen Road,
Norwich, Norfolk, NR1 1RE
Tel: 01728 441441

www.glemham.com