



Intact Insurance Company

Limited Pollution Liability Insurance Application

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. Table with 3 columns: Location of all premises owned, rented or controlled by Applicant; Description of operations; Years in Business. Rows 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 (lessened or increased) the risk of a pollution incident?  Yes  No

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 indicate whether you are in compliance.  Yes  No

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 to which a discharge could occur other than stormwater?  Yes  No

If yes, give details: \_\_\_\_\_

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

Name	Gas, Solid Granular or Liquid	Quantity Normal	On Hand 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.**

<b>Do You:</b>	<b>Yes</b>	<b>No</b>	
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
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 chemicals.			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.
<b>Do you have</b>			
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 section 16.)

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 of your premises or operations?  Yes  No  
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			
*				
*				
*				

\* 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	a) <input type="checkbox"/>	a) <input type="checkbox"/>	a) <input type="checkbox"/>	a) <input type="checkbox"/>
b) Aboveground	b) <input type="checkbox"/>	b) <input type="checkbox"/>	b) <input type="checkbox"/>	b) <input type="checkbox"/>
2. Age of Tank:				
3. a) Year Installed				
b) Indicate name of Installer				
4. Tank Construction	Yes No	Yes No	Yes No	Yes No
a) Steel	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
b) Fibreglass Reinforced Plastic (FRP)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
c) Other (specify)				
5. I steel tank, specify corrosion protection:	Yes No	Yes No	Yes No	Yes No
a) Cathodic: CAN4-603.1M ULC Standard	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
b) Bituminous (tar) Coating::	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
c) Other (specify)				
6. Does underground tank have:	Yes No	Yes No	Yes No	Yes No
a) secondary containment:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
b) Describe interstitial leak detection:				
7. Piping System Construction	Yes No	Yes No	Yes No	Yes No
a) Steel:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
b) Fibreglass:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
c) Other (Specify)				
8. If steel piping, specify corrosion protection:	Yes No	Yes No	Yes No	Yes No
a) Cathodic:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
b) Bituminous:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
c) Other (specify)				
9. If cathodic protection is used for corrosion protection, state the year installed:				
i) a) Tanks	a) _____	a) _____	a) _____	a) _____
b) Pipes	b) _____	b) _____	b) _____	b) _____
ii) a) When was the last cathodic protection voltage measurement taken?				
b) By whom?				
c) What were the results?				

10. Aboveground tank:	Yes	No	Yes	No	Yes	No	Yes	No
a) Is tank and piping protected against vehicle impact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Is tank dyked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Use a separate column for each Tank</b>								
Storage Tank Identification and Location	#1 at Loc.#		#2 at Loc.#		#3 at Loc.#		#4 at Loc.#	
11. Tank Leak Detection:	Yes	No	Yes	No	Yes	No	Yes	No
a) Is there a leak detection system in place for the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Has the tank been leak tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify date of last test:								
Type of test:								
Result of test:								
c) Are permanent monitoring wells in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
12. Piping and Pumping Leak Detection	Yes	No	Yes	No	Yes	No	Yes	No
a) Are flexible connectors used in the piping system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Is a submerged turbine pump in place? (If yes, go to question 13.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:								
b) Is tank part of an oil/water separator?	Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
14. Capacity (litres/imp.gal):								
15. Do you have a Tank Certificate or registration? If yes, attach a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 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?  Yes  No
- 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: \_\_\_\_\_

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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: \_\_\_\_\_