



Environmental Insurance Application Form

Multi-Operation Services Pollution Application
Contractors Pollution Legal Liability Policy



Please Read It Carefully And Fill It Out Completely

Applicant Instructions:

- (1) The Applicant must take care in answering all the following questions which are relevant to us in providing this insurance and setting the terms and premium. Use additional paper if necessary. Please contact us if you do not understand the question or the nature of the information required or please seek guidance from your broker. Failure to provide information or the provision of incomplete or inaccurate information may result in the loss of cover or other remedies. Answer all questions; leave no blank spaces.
- (2) The Applicant must tell us as soon as practicably possible about any changes to the information that has been provided to us which happens before or during any period of insurance. We will tell you if such change affects the Applicant's insurance and if so, whether the change will result in revised terms and/or premium being applied to the policy. If the Applicant does not inform us about a change it may affect any claim the Applicant makes or could result in the insurance being invalid.
- (3) If any questions do not apply, or the answer is "**No**", please indicate. Do not leave any questions blank.
- (4) Please attach the following information, if available:
 - ➡ Past five (5) years loss runs history.
 - ➡ Past two (2) years audited financial statements.

Section I - General Information

1 Applicant Name (include **All** subsidiary companies to be covered):

Address:

Contact:

Title:

Telephone:

Fax:

Email Address:

Web Site:

- 2 Firm Is:**
- | | | |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Public | <input type="checkbox"/> Private | <input type="checkbox"/> Other (please specify) |

- 3 Revenues:**
- | | | |
|---------------------------|------|---------|
| Estimated (Ensuing Year): | 20__ | £ _____ |
| Previous Year: | 20__ | £ _____ |

Attach the Applicant's latest Annual Report, marketing brochure and past two years audited financial statements.

4 Company History:

- (a) When was the company established:

- (b) Has the name of the company been changed over the last five years, or has it been subject to any takeover, merger, consolidation etc.?

☐ Yes ☐ No

If **Yes**, please provide details:



5 Sanctions:

Does the Applicant have any exposure in countries or regions that are subject to limited or comprehensive sanctions? (e.g. is it incorporated, located or domiciled in such a country or region, is it conducting business activities, generating turnover in such a country or region or, are board members or majority owned by entities/individuals incorporated, domiciled or located in such a country or region?)

☐ Yes ☐ No

If **Yes**, please provide details:

Section II – Operations

6 Site Information

(a) Describe the Applicant's contracting operations:

(b) Describe work self-performed by the Applicant:

(c) Percentage of work self-performed:

%

(d) Describe the geographic scope of the Applicant's operations:

Geographic Area	% of turnover	Operations undertaken
	%	
	%	
	%	
	%	



7 Client Information:

Client	% of turnover	Client	% of turnover
State (National Government)	%	Commercial Entities	%
State (Regional Government)	%	Residential	%
Other (Explain below) :	%	Industrial Entities	%

8 Sub-Contractors:

- (a) What percentage of work is undertaken by subcontractors? %
- (b) What percentage of sub-contractors that the Applicant hires:
- (i) Work under their own permits, rights or authority? %
- (ii) Work under your permits, rights or authority? %
- (iii) Do you check required permits for sub-contractors? ☐ Yes ☐ No
- (iv) Are sub-contractors required to carry Pollution Liability insurance? ☐ Yes ☐ No
- (v) If **Yes**, please lay out the requirements (limits / cover) the Applicant requires contractors to hold:

- (vi) What are the minimum limits of liability you require for the Applicant's sub-contractors for:

Employers Liability: £

General liability: £

Automobile liability: £

- (vii) Are all sub-contractors hired under a written contract? ☐ Yes ☐ No
- (viii) Do the contracts have any indemnification provisions? ☐ Yes ☐ No

If **Yes**, please provide a sample copy.

- (ix) Does the Applicant enter into any written contracts where it assumes liability? ☐ Yes ☐ No

If **Yes**, please attach copy of all insurance requirements and indemnification clauses.

- (x) Please describe the nature of work the Applicant sub-contracts to others:



9 PFAS/PFOS

Provide details of any current or prior involvement with the manufacturing, handling, or use of any PFAS/PFOS compounds. Use additional sheet if required.



10 Services Provided - Construction

(a) Service Information

Construction Service	% of Revenue	Construction Service	% of Revenue
Building Construction (Industrial):	%	Insulation installers:	%
Building Construction (Residential):	%	Janitorial:	%
Building Construction (retail / Office / Health / Commercial):	%	Marine:	%
Caisson/Pile driving:	%	Masonry:	%
Carpentry:	%	Mechanical:	%
Civil industrial contractors:	%	Mining Construction:	%
Communication tower erectors:	%	Mining Operation:	%
Concrete/Concrete formwork:	%	Oil Lease:	%
Construction management:	%	Other please explain:	%
Demolition/Renovation:	%	Painters (commercial, structural):	%
Directional drillers:	%	Pipeline Construction / Cleaning:	%
Dredging:	%	Pipeline Services:	%
Dry wallers:	%	Plumbing:	%
Electrical:	%	Process piping (product delivery):	%
Excavation, grading, site preparation:	%	Roofing:	%
Fire sprinkler:	%	Steel Erection:	%
General contractors:	%	Steel fab - industrial tanks:	%
Glazers:	%	Stone cutters and setters:	%
Heating, Ventilation, Air-conditioning / Mechanical:	%	Street and road:	%
Heavy highway/Bridge:	%	Sub-contracted design:	%
Implosion contractors:	%	Tile setters:	%
Incidental other(High):	%	Transportation constructors:	%
Incidental other(Low):	%	Tunnel:	%
Incidental other(Med):	%	UST/AST removal services:	%
In-house design:	%	Utility constructors:	%
Other: (please explain the service in the box to the right)	%	Explanation	



(b) Project Information

Project Types	% of Revenue
Airports	%
Bridges	%
Dams (inc. Tailing Dams)	%
Environmental Remediation	%
Hospitals	%
Landfills	%
Manufacturing / Industrial	%
Mines	%
Nuclear	%
Parking Structures	%
Petro/Chemical	%
Other: (please explain the service in the box to the right)	%

Project Types	% of Revenue
Power Plants	%
Residential – multi unit*	%
Residential – single unit*	%
Retirement Community	%
Roads / Highways	%
Schools / Colleges	%
Shopping / Retail	%
Sports / Leisure facilities	%
Storm water	%
Tunnels	%
Wastewater/water	%

Explanation



11 Services Provided – Environmental

Environmental Service	% of Revenue	
Asbestos / Lead / PCB consulting	%	
Air quality management-IH, IAQ,	%	
Asbestos / Lead / PCB contracting	%	
Civil wastewater facility design	%	
Construction management	%	
Demolition / Renovation	%	
Dredging	%	
Drilling / Monitoring wells	%	
Ecological risk assessments, reports	%	
Emergency response	%	
Env. expert witness & lit. support serv.-no mold	%	
Environmental facilities O&M	%	
Environmental project management	%	
Environmental remediation services	%	
Environmental testing labs	%	
Environmental toxicology studies	%	
Fire restoration services	%	
General contractor	%	
Geophysical studies, reports	%	
Geotechnical	%	
Groundwater assessment / Remediation program	%	
Incidental other (High)	%	
Incidental other (Low)	%	
Incidental other (Med)	%	
Industrial cleaning	%	
Industrial hygiene services	%	
IT related to environmental services	%	
Other: (please explain the service in the box to the right)	%	Explanation

Environmental Service	% of Revenue
Lab packing	%
Landfill liner installation	%
Landfill services	%
Mold consulting	%
Mold contracting	%
Natural resource studies	%
New innovative technical applications	%
Other engineering / design	%
Other environ. assessment and compliance audits	%
Permitting and compliance consulting	%
Phase I ESAs, reports	%
Phase II & III ESAs, reports	%
Radioactive material consulting / remediation	%
Remedial design / Pollution control systems	%
Sampling	%
Soil removal, excavation, grading	%
Soils testing	%
Storm water management	%
Training services, including OSHA training	%
Transportation of waste	%
UST / AST installation services	%
UST / AST removal services	%
Waste brokering	%
Waste volume estimating	%
Water / Wastewater systems O&M	%
Water resource investigations, studies	%
Wetlands delineation / Marine / Aquatic reports	%



Section III – Owned, Leased Locations

Please answer this section if the Applicant requires cover for locations it owns, leases or permanently operates from:

(a) Identify sites owned, leased or controlled by the Applicant's operations:

A. Address	B. Usage (warehouse, storage depot, maintenance depot, office etc)	C. Hazardous Bulk Material Storage undertaken at site other than in tanks?	D. Any known environmental issues at the site?
		<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"/> 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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If **Yes** to column C or D, please explain:

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(b) Does the Applicant store fuels or chemicals in tanks on its site?

☐ Yes

☐ No

If **Yes**, please answer the following:

Location	AST	UST	Size	Content	Age	Construction	Secondary containment	Monitoring
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section IV - Record, Compliance & Future Site Plans

- 1** Has the Applicant received any notices of violation, fines, penalties, complaints, or other enforcement actions regarding compliance with environmental law or standards from, but not limited to, private persons, entities, regulatory bodies or other third parties? ☐ Yes ☐ No

If **Yes**, please explain below and provide copies of any correspondence.

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- 2** Has the Applicant ever had any pollution claims including, but not limited to, claims by private persons, entities, government agencies or other third parties? ☐ Yes ☐ No

If **Yes**, please describe.

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- 3** Does the site operate an Environmental Management System? ☐ Yes ☐ No

If **Yes**, please provide details (e.g. areas covered, whether accredited, who accredited by, how long operated, name of environmental manager).

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Section V - Declaration

I/we declare that the information disclosed in this application, is to the best of my/our knowledge and belief both accurate and complete. I/we have taken care not to make any misrepresentation in the disclosure of this information and understand that all information provided is relevant to the acceptance and assessment of this insurance, the terms on which it is accepted and the premium charged.

Signed on Behalf of:

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Signature:

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Signatory's Name:

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Title:

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Date:

--

Agent/Broker:

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Signing this application does not bind you to enter into this insurance.

No cover is in force until this application is accepted by the Insurer and the premium is paid. The Insurer reserves the right to decline any insurance application or to offer different premium and terms from those quoted dependent on the information you have provided.

Fair Processing Notice

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If you provide us with information about someone else, we will process their personal information in line with the above. Please ensure you provide them with this notice and encourage them to read it as it describes how we collect, use, share and secure personal information when we provide our services as an insurance and reinsurance business.



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