



Program endorsed by



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Supplementary
Application
Pollution Liability Coverage

1. Name of Firm: \_\_\_\_\_

2. Please indicate the approximate percentage of total fees reported in your application for insurance (including those paid to subconsultants but not projects insured separately) derived from each of the following project types:

Table with 3 columns: Project Type, Past Accounting Year (%), Current Accounting Year Estimate(%). Rows include: (a) Studies and reports, (b) Waste disposal, (c) Design or construction services for remedial action of contaminated buildings, (d) Services related to the evaluation, removal or replacement of underground storage tanks, (e) Industrial process engineering, (f) Petrochemical engineering, (g) Design of laboratories, (h) Soils investigations.

3. How many years has your firm provided services for the detection, monitoring, handling or disposal of hazardous substances? \_\_\_\_\_

4. Personnel – Please indicate the number of staff involved in environmental work:

- (a) Architects/Civil Engineers \_\_\_\_\_
- (b) Process Engineers \_\_\_\_\_
- (c) Geotechnical Engineers \_\_\_\_\_
- (d) Chemists and Biologists \_\_\_\_\_
- (e) Industrial Hygienists or Toxicologists \_\_\_\_\_
- (f) Geologists/Hydrogeologists \_\_\_\_\_
- (g) Environmental Engineers \_\_\_\_\_
- (h) Other Personnel \_\_\_\_\_

Please attach the curriculum vitae of key personnel if not previously submitted.

5. Have you accepted or do you plan to accept responsibility (either directly or as an agent of the owner) for the actual cleanup, transportation, storage or disposal of a “pollutant”? YES  NO

If yes, please provide details.

6. For what percentage of environmental work in the past year have you been able to obtain client agreement for:

- (a) Complete indemnification \_\_\_\_\_
- (b) Partial indemnification \_\_\_\_\_
- (c) Limitation of liability \_\_\_\_\_  
(Please attach sample.)

7. Has any claim been made or legal action been brought for any pollution or environmental injury or damage in the past three years (or made earlier and still pending) against your firm, its predecessors or employees? YES  NO

If yes, please provide details.

## **DECLARATIONS AND SIGNATURE**

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I/we hereby declare that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any material facts and I/we agree that this Application shall be the basis of the contract with the insurance company.

It is further agreed that, if in the time between the submission of this Application and the requested date for coverage to be effective, I/we become aware of any information which would change the answers furnished in response to question 7 of this Application, such information shall be revealed immediately in writing to the Insurer.

Name of Principal, Partner or Officer: \_\_\_\_\_  
(Type or Print)

Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Principal, Partner or Officer)

Date: \_\_\_\_\_

**NOTE:** This Application must be reviewed, signed and dated by a principal, partner or officer of this applicant firm.