



ENCON Group Inc.  
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 www.encon.ca

# Application

## Environmental Package Insurance for Contractors and Consultants

**Submitting Broker, please complete the following to assist us in processing this submission:**

Name of Brokerage: \_\_\_\_\_

Name of Broker Contact: \_\_\_\_\_

Brokerage Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

For renewal purposes only: Policy Number: \_\_\_\_\_ ISN (Client's Number): \_\_\_\_\_

### SECTION 1 – APPLICANT, GENERAL INFORMATION

1. (a) Name of Applicant: \_\_\_\_\_  
 If more than one legal entity, please indicate the relationship between each (please note that an insurance policy cannot be shared unless there is a financial interest): \_\_\_\_\_
- (b) Names of Principals: \_\_\_\_\_
2. Applicant's Address: \_\_\_\_\_
3. If the Applicant has multiple premises, please complete the following questions:
  - (a) Location of premises (if more than two locations, please provide details on separate page):
    - (i) \_\_\_\_\_
    - (ii) \_\_\_\_\_
  - (b) Fully describe operations at each location and specify if any of the premises are leased or rented to others:
    - (i) \_\_\_\_\_ ft<sup>2</sup> of all buildings on site
    - (ii) \_\_\_\_\_ ft<sup>2</sup> of all buildings on site
4. Please indicate the percentage of your operations according to the following six categories:

Company Description. Please select from the categories below and indicate in the right column the percentage of revenue under each category type.	% of Revenue in this Category
(a) <b>Construction/remediation operations only</b> (no design or consulting). Applicants in this category are strictly contractors (no design or consulting services are rendered nor subbed out).	
(b) <b>Construction/remediation operations with third party design responsibility.</b> Similar to (a) above; however, these Applicants also subcontract design services.	
(c) <b>Construction/remediation operations with in-house design responsibility.</b> Similar to (b) above; however, these Applicants also perform design/consulting services in-house.	
(d) <b>Consulting firm only.</b> Applicants in this category strictly perform design/consulting operations. They do not hire third party contractors to perform construction/remediation operations, nor do they do any in-house construction/remediation.	
(e) <b>Consulting firm with third party construction responsibility.</b> Similar to category (d) above; however, these Applicants also subcontract some construction/remediation works to subcontractors.	
(f) <b>Consulting firm with in-house construction responsibility.</b> Similar to category (e) above; however, these Applicants also perform construction/remediation works themselves.	
<b>TOTAL</b>	<b>100%</b>

5. Website Address (if no website, please provide company brochure or state not available): \_\_\_\_\_
6. How long has the Applicant been in business? \_\_\_\_\_
7. Is the Applicant a member of any professional organizations or associations? YES  NO
- If yes, please name: \_\_\_\_\_
8. Has your company in the past performed or does it anticipate performing work or rendering services in the forthcoming year for projects located outside of Canada? YES  NO
- If yes, please provide details: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Please provide a brief description of the operations performed/services provided: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
10. Contractual Liability:
- (a) Does the Applicant enter into formal contractual agreements with subcontractors or subconsultants? YES  NO
- If yes, does the Applicant require being added as an additional insured to the sub's CGL policy? YES  NO
- If yes, does the Applicant require being added as an additional insured on the sub's Pollution Liability policy? YES  NO
- (b) Are the Applicant's subcontractors required to submit commercial general liability insurance certificates (minimum \$1,000,000 limit)? YES  NO
- (c) Are the Applicant's subcontractors required to submit pollution liability insurance certificates (minimum \$1,000,000 limit)? YES  NO
- (d) Are the Applicant's subconsultants required to submit errors and omissions insurance certificates (only respond if you are requesting errors and omissions coverage)? YES  NO
- (e) Please submit a copy of the insurance indemnity provisions of the regular contract used with subcontractors or subconsultants. See Attached  N/A
11. Does the Applicant or has the Applicant ever operated under a different name? YES  NO
- If yes, please provide all previous names: \_\_\_\_\_
- \_\_\_\_\_
12. Have there ever been any claims against any of the entities named in the question above? YES  NO
- If yes, please provide details: \_\_\_\_\_
- \_\_\_\_\_

## **SECTION 2 – COVERAGE DETAILS**

1. Is the Applicant renewing an existing policy that is already with ENCON Group Inc. (if yes, skip the remaining questions in Section 2 and continue to Section 3 – Operations) YES  NO
2. Please check the applicable boxes for the Policy Sections being requested:
- Policy Section One – Commercial General Liability Insurance (occurrence form only)
- Policy Section Two – Pollution Liability Insurance (occurrence form, not all applicants qualify)
- Policy Section Two – Pollution Liability Insurance (claims-made and reported form)
- Policy Section Three – Errors and Omissions Insurance (claims-made and reported form only, not all applicants qualify)
3. What is the proposed effective date of coverage? \_\_\_\_\_

4. Limit of liability required:  \$1,000,000  \$2,000,000  \$5,000,000  Other: \$ \_\_\_\_\_
5. Deductible required:  \$5,000  \$10,000  \$25,000  Other: \$ \_\_\_\_\_
6. Existing Coverage:

	Commercial General Liability	Pollution Liability Insurance	Errors and Omissions
Insurer			
Renewal Date			
Limit			
Deductible			
Retroactive Date	N/A		

7. Has any insurer ever cancelled, declined or refused to renew or issue insurance of the type applied for? YES  NO

If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### SECTION 3 – OPERATIONS

1. Please list below the Applicant's five largest projects (current or completed) during the last three years:

Project Name and Location	Revenue	Services Provided

2. Please provide a percentage of total revenue by client type (total should equal 100%):

Client Type	% of Revenue
Industrial (water treatment plants, pipeline, processing plants, etc.)	
Infrastructure (bridges, roads, landfill, etc.)	
Residential (condos, apartments, homes, etc.)	
Institutional/Public (hospitals, nursing homes, schools, hotels, etc.)	
Commercial (malls, offices, warehouses, etc.)	
Other, please list:	
TOTAL	100%

3. Do more than 50% of the Applicant's revenues emanate from any one single client? YES  NO

If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

4. Has the Applicant listed in Section 1 of this application ever purchased a project-specific pollution policy or a project-specific E&O policy from ENCON which is still in force? YES  NO

5. Operations and Revenue Profile – Contracting Operations

- (a) Does the Applicant perform construction/remediation operations or does the Applicant subcontract construction/remediation operations to others? YES  NO

If yes, please complete both tables under item (b) below. If no, please move on to question 6.

## (b) Operations and Revenue Profile – Contracting Operations (Environmental and Non-environmental)

<b>Environmental Contracting Operations</b>	<b>Gross Revenue performed in the last 12 months</b>	<b>Gross Revenue projected for the next 12 months</b>	<b>Projected percentage to be sublet</b>
Abatement: Asbestos/Lead	\$	\$	%
Mould	\$	\$	%
Barrier/Liner Contractors	\$	\$	%
Dredging	\$	\$	%
Emergency Haz Material Cleanup	\$	\$	%
Groundwater Sampling	\$	\$	%
Groundwater Treatment and Recovery	\$	\$	%
Haz Material Cleanup, Soil Excavation	\$	\$	%
Hydrocarbon or Chemical Recycling/Recovery	\$	\$	%
Mobile Incinerators	\$	\$	%
On-site Haz Waste Treatment	\$	\$	%
PCB Oil/Equipment Retrofill and Removal	\$	\$	%
Soil Sampling	\$	\$	%
Tank Removal/Installation	\$	\$	%
Waste Storage	\$	\$	%
Other (specify _____)	\$	\$	%
<b>TOTAL (Environmental Contracting)</b>	<b>\$</b>	<b>\$</b>	

<b>Non-environmental Contracting Operations</b>	<b>Gross Revenue performed in the last 12 months</b>	<b>Gross Revenue projected for the next 12 months</b>	<b>Projected percentage to be sublet</b>
Carpentry	\$	\$	%
Construction Management	\$	\$	%
Demolition/Dismantling	\$	\$	%
Drilling	\$	\$	%
Electrical	\$	\$	%
Excavation (Non Haz)/Grading	\$	\$	%
General Contracting	\$	\$	%
Home Builders, Developers	\$	\$	%
HVAC/Mechanical	\$	\$	%
Industrial Cleaners (incl. Sewer/Septic)	\$	\$	%
Insulation	\$	\$	%
Logging	\$	\$	%
Masonry/Concrete	\$	\$	%
Marine	\$	\$	%
Oil Lease	\$	\$	%
Operations and Maintenance	\$	\$	%
Painting	\$	\$	%
Pesticide, Herbicide, Fungicide, Fertilizer appl.	\$	\$	%
Pipeline Construction/Cleaners	\$	\$	%
Plumbing	\$	\$	%
Roofing	\$	\$	%
Steel Erection	\$	\$	%
Street and Road Construction	\$	\$	%
Other (specify _____)	\$	\$	%
<b>TOTAL (Non-environmental Contracting)</b>	<b>\$</b>	<b>\$</b>	

6. Operations and Revenue Profile – Environmental Consulting Operations

(a) Is the Applicant an environmental consulting firm?

YES  NO

If yes, please complete the table listed in item (b) below. If no, please skip this section.

(b) Operations and Revenue Profile – Environmental Consulting Operations

<b>Environmental Consulting Operations</b>	<b>Gross Revenue performed in the last 12 months</b>	<b>Gross Revenue projected for the next 12 months</b>	<b>Projected percentage to be sublet</b>
Asbestos Abatement Consulting, Planning and Analysis	\$	\$	%
Asbestos Removal Management	\$	\$	%
Environmental Consulting incl. Risk Management	\$	\$	%
Environmental Audits of Real Estate	\$	\$	%
Operations Audits of Manufacturing Plants	\$	\$	%
Regulatory Compliance Audits, Compliance Programs, Audits/Survey Reviews, Analytical Test Result and Criteria Reviews, Permit Assistance, Client Liaison to Regulatory Agencies	\$	\$	%
Environmental Impact Assessment and Feasibility Studies	\$	\$	%
Site Assessments incl. Sampling and Analysis	\$	\$	%
Subsurface Investigation incl. Sampling and Analysis	\$	\$	%
Analytical Laboratory Service	\$	\$	%
Environmental Field Monitoring	\$	\$	%
Hydrology Studies, Sampling and Analysis	\$	\$	%
Toxicity Reduction Evaluations	\$	\$	%
Public Health Risk Assessment	\$	\$	%
Industrial Hygiene and Safety Services, Pollution Monitoring and Analysis	\$	\$	%
Litigation Support	\$	\$	%
Underground Storage Tank Management and Removal	\$	\$	%
Consulting Engineering and Design of:			
• Sanitary Landfill Systems	\$	\$	%
• Materials Recovery Facilities	\$	\$	%
• Site Remediation Systems	\$	\$	%
• Waste Minimization Systems	\$	\$	%
• Waste Water Treatment Systems	\$	\$	%
• Sewer Water and Other Pipeline Facilities	\$	\$	%
• Environmental Remediation Plans	\$	\$	%
Hazardous Waste Disposal Quality Assurance	\$	\$	%
Services for Storing, Treating, Discharging, Applying, Disposing or Transporting Hazardous Materials	\$	\$	%
Other (specify _____)	\$	\$	%
Other (specify _____)	\$	\$	%
<b>TOTAL (Environmental Consulting)</b>	<b>\$</b>	<b>\$</b>	

## SECTION 4 – LOSS EXPERIENCE

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1. Have any claims been previously made against the Applicant or reported under any other Pollution Liability, Commercial General Liability or Errors and Omissions policies? YES  NO

If yes, please provide details including (a) the date when the claim was made; (b) the date the incident, giving rise to the claim, took place; (c) the nature of the claim; (d) the amount paid or estimated to be paid; (e) the coverage type (Pollution, CGL or E&O); and (f) the current status.

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2. Is the Applicant aware of any fact, circumstance or situation which could result in a claim being made against the Applicant or any other person/entity for whom coverage is being sought? YES  NO

If yes, please provide details: \_\_\_\_\_

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## SECTION 5 – COMMERCIAL GENERAL LIABILITY INSURANCE

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1. Check coverage if required:

- Tenant's Legal Liability                      Limit: \_\_\_\_\_
- Non-owned Automobile                      Limit: \_\_\_\_\_
- Employee Benefits Liability                      Limit: \_\_\_\_\_
- Employer's Liability                      Limit: \_\_\_\_\_
- Forest Fire Fighting Expenses                      Limit: \_\_\_\_\_

2. If non-owned automobile is required, please complete the following:

Employees	Number
(a) Class A (employee using private passenger or commercial vehicle)	_____
(b) Class B (partner/officer)	_____
(c) Class C (agent of insured)	_____

3. Hired vehicles: Cost of hire \$ \_\_\_\_\_ Type of vehicle \_\_\_\_\_

4. Please attach a list of equipment (other than portable tools) used by the Applicant, or list same here:

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5. Does the Applicant own, charter, rent or lease any watercraft? YES  NO

If yes, please provide details on the type of watercraft, usage and if owned, chartered, rented or leased: \_\_\_\_\_

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6. Please indicate if the Applicant engages in any of the following operations:

- demolition or wrecking                       use of explosives                       excavation
- shoring                       raising or moving                       caisson work
- underpinning                       tunnelling                       welding/torch cutting (on premises/off premises)

Please provide details of work undertaken: \_\_\_\_\_

**SECTION 6 – POLLUTION LIABILITY INSURANCE**

1. Does the Applicant have a written Health and Safety Manual for all employees? YES  NO
2. Does the Applicant have a written Spill Prevention, Control and Containment Plan? YES  NO
3. What protocol is in place for the handling, temporary storage and protection from weather of waste materials at a job site?  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Does the Applicant select or recommend storage, landfill or disposal locations for waste materials on behalf of the client? YES  NO
5. Does the Applicant confirm that the location is licensed to accept the waste materials? YES  NO
6. Incidental Transit Information
  - (a) Number of vehicles hauling contaminated materials? (i) 4,500 kg or less: \_\_\_\_\_ (ii) Over 4,500 kg: \_\_\_\_\_
  - (b) What type of contaminated materials is hauled? \_\_\_\_\_  
 \_\_\_\_\_
  - (c) How is the cargo transported?  Container  Bulk Maximum radius of operations? \_\_\_\_\_ km
  - (d) How often and for what types of projects does the Applicant assume responsibility for transportation?  
 \_\_\_\_\_  
 \_\_\_\_\_
  - (e) How often does the Applicant hire third party transportation companies to haul contaminated materials on the Applicant's behalf? \_\_\_\_\_
  - (f) Does the Applicant have a Vehicle Maintenance Program in place for all vehicles? YES  NO
  - (g) Does the Applicant have an Automobile Safety and Training Program for all employees? YES  NO
  - (h) Does the Applicant obtain annual driver abstracts for all employees operating the Applicant's vehicles? YES  NO
  - (i) Please identify any claims or incidents resulting from transported cargo in the last five years under any policy form:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 7 – ERRORS AND OMISSIONS INSURANCE**

(Only complete this section if you require errors and omissions coverage.)

1. Principal(s) Qualifications:

Name of Principal Registered	Education Degree	Date and Place Acquired	Years with Firm

2. Total Personnel:

Personnel	Total Number	Province in Which Licensed
*Principals (as above)	_____	_____
*Professional Registered Personnel	_____	_____
*Technical Personnel Not Registered	_____	
Field Personnel	_____	
Clerical and Accounting Employees	_____	
Administrative Employees	_____	
Construction Personnel	_____	
<b>TOTAL</b>	_____	

\*PLEASE PROVIDE RÉSUMÉS FOR ALL THE PROFESSIONAL REGISTERED PERSONNEL AND TECHNICAL PERSONNEL (NOT REGISTERED), INCLUDING PRINCIPALS.

3. Do any of the principals or professional registered personnel do any foreign work? YES  NO   
 If yes, please provide details.
4. Have any of those listed in question 2 ever been the subject of disciplinary action by authorities as a result of their professional activities? YES  NO   
 If yes, please provide details.
5. Does the Applicant utilize independent consultants such as chemists, hydrologists, ecologists, etc.? YES  NO   
 If yes, please describe the work or services which are subcontracted by the Applicant to others and the criteria utilized in the selection of such subcontractors, design professionals or consultants.
6. Is any legislation currently in force governing the practice of the Applicant? YES  NO   
 If yes, please provide relevant extracts.
7. Does the Applicant or any related company engage in actual decommissioning, remediation, cleanup, removal, containment, detoxification or neutralization of any property, pollutants or contaminants? YES  NO

**APPLICANT’S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM**

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I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to ENCON Group Inc. (“ENCON”) for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize ENCON Group Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on ENCON’s privacy policy, please contact [privacy-officer@encon.ca](mailto:privacy-officer@encon.ca).

**DECLARATIONS AND SIGNATURE**

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The undersigned declares that the above statements are accurate and complete and acknowledges its understanding that the Insurers are relying upon the statements in issuance of any quotation, binder or policy related to this application. Should a policy be issued, this Application and its attachments shall form part of the policy. The undersigned agrees that if information supplied in this Application changes between the date of this Application and the effective date of the policy, the undersigned will provide written notice of such changes immediately to ENCON and ENCON may withdraw or modify any outstanding quotations or agreement to bind coverage.

Name of Applicant (please print): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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