



ENCON Group Inc.
 500-1400 Blair Place
 Ottawa, Ontario K1J 9B8
 Telephone 613-786-2000
 Facsimile 613-786-2001
 Toll Free 800-267-6684
 www.encon.ca

Application

Pollution Liability Insurance for Contractors

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): _____

Important: THIS IS AN APPLICATION FOR EITHER A CLAIMS-MADE AND REPORTED OR OCCURRENCE FORM POLICY, PLEASE INDICATE:

- Claims-made and Reported Occurrence (Note: not all applicants qualify)

Note:

1. All questions must be completed in their entirety.
2. Completion of this form does not bind coverage.

1. (a) Name of Applicant: _____

(b) Names of Principals: _____

2. Applicant's Address: _____

3. Operations Performed/Services Provided: _____

(Please attach a brochure or provide a website address: _____)

4. How long has the Applicant been in business? _____

5. Is the Applicant a member of any professional organizations or associations? YES NO

If yes, please name: _____

6. Has the Applicant's company in the past performed or does it anticipate performing work in the forthcoming year outside of Canada? YES NO

If yes, please provide details: _____

7. Operations and Revenue Profile

Environmental Operations	Gross Revenue performed in the last 12 months	Gross Revenue projected for the next 12 months	Projected percentage to be sublet
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 (explain)	\$	\$	%

Non-Environmental Operations	Gross Revenue performed in the last 12 months	Gross Revenue projected for the next 12 months	Projected percentage to be sublet
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 (explain)	\$	\$	%

8. What type of work is sublet? _____

9. Does the Applicant ask subcontractors to show evidence of environment liability insurance including the Applicant as an Additional Insured? YES NO

10. What are the minimum limits of liability the Applicant requires from subcontractors?

(a) General Liability: _____ (b) Automobile: _____

(c) Environmental Liability: _____ (d) Professional Liability: _____

11. Does the Applicant enter into formal contractual agreements with subcontractors? YES NO

If yes, does the Applicant include a "hold harmless" clause in the Applicant's favour? YES NO
(Please submit a copy of the usual contract form.)

12. Does the Applicant enter into written contracts where the Applicant assumes liability? YES NO

If yes, please attach copies of all insurance requirements and indemnification clauses.

13. Please list below the Applicant's three largest projects (current or completed) during the last 24 months:

Name	Location	Revenue	Services Provided
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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	_____ %

15. Loss Experience

(a) Have any claims been previously made against the Applicant or reported under any other contractors pollution 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 may be paid; and (e) the current status.

(b) 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: _____

16. General Information

(a) Does the Applicant or has the Applicant ever operated under a different name? YES NO

If yes, please provide the name: _____

(b) Have there been any claims against any of those entities named in (a) above? YES NO

If yes, please provide details: _____

(c) Does the Applicant have a written Health and Safety Manual for all employees? YES NO

(d) Does the Applicant have a written Spill Prevention, Control and Containment Plan? YES NO

(e) What protocol is in place for the handling, temporary storage and protection from weather of waste materials at a job site?

(f) Does the Applicant select or recommend storage, landfill or disposal locations for waste materials on behalf of the client? YES NO

(g) Does the Applicant confirm that the location is licensed to accept the waste materials? YES NO

17. Limit of liability required: \$1,000,000 \$2,000,000 \$5,000,000 Other: \$ _____

18. Deductible required: \$5,000 \$10,000 \$25,000 Other: \$ _____

19. (a) Current Insurer? _____ (b) Renewal date? _____

20. 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: _____

21. Incidental Transit Information

(a) Total 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:

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

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.

DECLARATIONS AND SIGNATURE

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: _____