



ENCON Group Inc.  
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# Application

## Pollution Liability Insurance for Contractors – Project-specific

**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.
  3. Please attach:
    - (a) a site plan;
    - (b) a copy of the project contract (tender specifications and insurance section);
    - (c) an environmental site assessment (applicable to soil remediation work).

1. (a) Name of Applicant: \_\_\_\_\_  
 \_\_\_\_\_

(b) Names of Principals: \_\_\_\_\_

2. Applicant's Address: \_\_\_\_\_  
 \_\_\_\_\_

3. How long has the Applicant been in business? \_\_\_\_\_  
 (Please attach a brochure or provide a website address: \_\_\_\_\_)

4. Is the Applicant a member of any professional organizations or associations?                      YES  NO   
 If yes, please name: \_\_\_\_\_

5. Project Information

(a) Name: \_\_\_\_\_

(b) Address/Location: \_\_\_\_\_

(c) Description of work to be performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(d) Construction Period: From \_\_\_\_\_ To \_\_\_\_\_

6. Project Participants (Names)

Owner: \_\_\_\_\_

Project/Construction Manager: \_\_\_\_\_

General Contractor: \_\_\_\_\_

7. Total Estimated Project Value: \$ \_\_\_\_\_ (Complete cost breakdown below.)

8. Operation and Cost Breakdown

<b>Environmental Operations</b>	<b>Estimated Costs</b>	<b>Estimated Percentage 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 (explain)	\$	%
Other (explain)	\$	%

<b>Non-Environmental Operations</b>	<b>Estimated Costs</b>	<b>Estimated Percentage 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 (explain)	\$	%
Other (explain)	\$	%

9. Will this project be bonded? YES  NO   
 If yes, with what company? \_\_\_\_\_

10. Please list below the Project Manager's/General Contractor's five largest projects (current or completed) during the last 36 months:

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

11. Identify all contractors performing work under the contract to be covered under this policy including services being provided. Note: only those entities provided by schedule and approved by the underwriter will be scheduled onto this policy. (Use an additional sheet if more room is needed.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Does the Applicant ask subcontractors to show evidence of environment liability insurance? YES  NO

13. Other insurance for the project:

	Carrier	Limits	Deductible
General Liability:	_____	_____	_____
Automobile:	_____	_____	_____
Professional Liability:	_____	_____	_____
Wrap-Up Liability:	_____	_____	_____

14. Limit of liability required:  \$1,000,000  \$2,000,000  \$5,000,000  Other: \$ \_\_\_\_\_

15. Deductible required:  \$5,000  \$10,000  \$25,000  Other: \$ \_\_\_\_\_

16. Completed Operations Period:  12 months  24 months  Other: \_\_\_\_\_ months

17. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. 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

20. 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:

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**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: \_\_\_\_\_