



Insurance for Things That Move.™

201 County Court Blvd., Suite 505
Brampton, Ontario, Canada L6W 4L2
Tel: (905) 455-6608 Fax: (905) 455-5298

885 West Georgia Street, Suite 1500
Vancouver, BC., Canada V6C 3E8
Tel: (604)683-0506

Email: eagle@eagleunderwriting.com
www.eagleunderwriting.com

Application for Environmental Impairment Liability Insurance

IMPORTANT NOTE: The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

Section 1 – General Information

Legal Name & Mailing Address

Risk Address (if different than above)

New Policy

Renewal Policy

Years in Business

No of Employees

Contact Name _____

Payroll

Phone _____ Fax _____

No. of Branches

E-Mail _____ Website _____

Public / Private

Additional Insureds and their relationship to Applicant

Section 2 – Loss Prevention

Do you employ a designated environmental safety officer?

Yes No

If yes, please provide their name and duties

Do you have a loss prevention program in effect?

Yes No

If yes, what training and education do you require for employees?

Section 3 – Quality Control

Does your company currently hold or, in the process of certification by a recognized quality management organization?

Yes No

If yes, please specify?

State qualifications/training of key personnel



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Section 4 - Operations

Territory of Operations

British Columbia	%	Maritimes	%
Alberta	%	Newfoundland	%
Prairies	%	Territories	%
Ontario	%	Quebec	%

Description of Operations

Revenues associated with the following activities

Manufacturing		Airports	
Petrochemical		Harbours/Ports/Marinas	
Sewage / Waste		Roads	
Power / Utilities		Mass Transit / Railroad	
Sub-Contracted (please describe)		Tunnels / Bridges	
Other (please describe)		Total	

Section 5 – Property Information

Address of locations to be covered	Current / Prior Use of property	How long at site?
1.		
2.		
3.		
4.		

If the answer to any of the following questions is YES please provide details

Are any of the above locations occupied by other than the Applicant?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has there been any past or planned remediation, monitoring or sampling to investigation potential contamination?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has there been any change in process during the last 5 years that has altered the risk of pollution liability?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are there any above or underground storage tanks?	YES <input type="checkbox"/> (complete Tank Schedule below) NO <input type="checkbox"/>
Is the Applicant aware of any tanks at the sites that have been removed or closed in place?	YES <input type="checkbox"/> NO <input type="checkbox"/>



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Section 6 – Other Information

Hazardous Waste Disposal

Material	Monthly Volume	Disposal Method	Disposal Facility

Emissions and Effluent Control

Describe in-plant equipment provided to control air emissions

Describe in-plant provisions made to recycle, re-use or separate from process wastes

Describe in-plant waste treatment facilities provided to reduce the concentration of contaminants in the liquid effluent

Section 7 – Transportation

Percentage of cargo transported by:	Owned Vehicles	%	Common Carrier	%
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Owned Vehicles

Type	Number	Max Distance	Materials Hauled
Private Passenger			
Light / Medium Truck			
Heavy Truck			

Does the Applicant have auto safety program and check MVR's regularly? YES NO

Does the Applicant have a vehicle safety and maintenance program? YES NO

Number of full-time drivers	Part time drivers	Owner-operators
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Common Carriers

Carriers Name	Max Distance	Materials Hauled	Carrier Type



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Section 10 – Difference in Conditions (DIC) Automobile Coverage

Total Number of owned/leased vehicles	Heavy Trucks/Tankers	Other
Details of Automobile Insurance Coverage		
Owned Automobile	Insurer	Limit
Non-Owned Automobile	Insurer	Limit
Is the Applicant a "Named Insured" on the "non-owned" policy above? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Maximum Radius	USA delivery YES <input type="checkbox"/> NO <input type="checkbox"/>	

Section 11 – Coverage Requirements

	Per Incident Limit	Aggregate Limit	Deductible
Bodily Injury and Property Damage Liability			
Clean-Up Costs			
Transported Cargo			
Insured Work			
Business Interruption			
Difference in Conditions (DIC) Auto Liability			
Other			

Section 12 – Pollution Insurance History

Current Insurer		Has insurance ever been cancelled or declined?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy renewal date		Limit of Liability	
Deductible		Retroactive Date	

Section 13– Loss History (past 5 years)

List all claims made against the Applicant during the past five years for cleanup, bodily injury or property damage resulting from the release of hazardous substances or waste, or other pollutant, or from transported cargo?

Blank area for listing claims.



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Section 14– Statements and Signature

If the answer to any of the following question is YES, please provide details

Has the Applicant had any reportable releases or spills of hazardous substances, hazardous waste, or any other pollutants? Yes No

Has the Applicant been prosecuted or is the Applicant being prosecuted for contravention of any standard or law relating to threatened release of a hazardous substance, hazardous waste or other pollutant? Yes No

Does the Applicant know of any facts or circumstances which may reasonable be expected to result in a claim being asserted against them for environmental cleanup, bodily injury or property damage arising from the release of pollutants in the environment? Yes No

Completion of this application is not a guarantee of coverage. Coverage may be offered upon review and approval of the underwriter. If a quotation is put forward, it will contain various Terms, Conditions and Exclusions. The Insurance company strongly recommends that you examine the quotation with your Insurance Broker before acceptance. **I hereby confirm that the information given above and in any attached sheet(s) is true and correct.**

Name of Applicant (Please Print)

Applicant's Signature

Title

Date Signed (mm/dd/yyyy)

Please email completed .PDF file to: eagle@eagleunderwriting.com

Or, print form and mail to: 201 County Court Blvd., Suite 505 Brampton,
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