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| **CONTRACTORS POLLUTION LIABILITY ANNUAL** – Application for Insurance |

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| **NOTICE TO BROKER:** This product is designed for contractors requiring an annual Contractors Pollution Liability (CPL) policy. If you only require a project specific policy, please refer to the main JET menu.  **Instead of completing this application form, consider trying** [***JET***](http://www.forwardinsurance.ca)**, our self-serve platform.**  [***JET***](http://www.forwardinsurance.ca) **is the quickest path to quotes and policy issuance. A modern way** [**FORWARD**](http://www.forwardinsurance.ca)**.**  **PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception. | | | | | | | | | | | | | | |
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| **APPLICANT INFORMATION** | | | | | | | | | | | | | | |
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| Applicant’s Email Address for E-Signature\*: | | | | | |  | | | | | | | | |
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| Applicant Name (Legal Name): | | | | |  | | | | | | | | | |
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| Primary Location of the Applicant - Province: | | | | | | |  | | | | | | | |
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| **EXPERIENCE** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Year established: | |  | | | | | | Website: | |  | | | | |
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| What is the Applicants number of years experience (with type of work being conducted): | | | | | | | | | | |  | | | |
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| **PRIOR HISTORY** | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | |  | | | |
| Has the Applicant ever had an incident or claim (insured or not), order, violation, complaint, action or charge, relating to a pollution condition or hazardous material, whether under the current name or other entity in the past? | | | | | | | | | | | | | | Yes No |
|  | | | | | | | | | | | | | |  |
|  | Please provide details of incident (date, description, amount paid, matter closed or still pending): | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
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| Is the Applicant aware of any facts or circumstances relating to a pollution condition or hazardous material (whether actual or alleged) which could give rise to a possible claim or order against the Applicant? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | Please provide details of the circumstances which might result in a possible claim or order: | | | | | | | | | | | | | |
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| Has the Applicant ever had Environmental/Pollution insurance refused or cancelled? | | | | | | | | | | | | | | Yes No |
|  | | | | | | | | | | | | | |  |
|  | Please describe the details related to the refusal/cancellation? | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  | Due to a prior incident | | | | | | | | Due to cancel for non payment | | | | | |
|  | Insurer does not write this operation | | | | | | | | Insurer no longer writes this operation | | | | | |
|  |  | | | | | | | |  | | | | | |
| **CURRENT CONTRACTORS POLLUTION INSURANCE** | | | | | | | | | | | | | | |
|  |  | | | | | | | |  | | | | | |
| Does the Applicant currently carry (in force) Contractors Pollution Liability Insurance? | | | | | | | | | | | | | | Yes No |
|  | | | | | | | | | | | | | |  |
| Name of current Insurer: | | |  | | | | | Current CPL limit of insurance: | | | | | $ | |
|  | | |  | | | | |  | | | | |  | |
| Expiry date of CPL Insurance: | | |  | | | | | Retroactive Date as shown on the current in force CPL policy: | | | | |  | |
|  | | |  | | | | |  | | | | |  | |

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| **RISK INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Environmental Operations** | | | | | | | | | | | | | | | | **Gross Revenue Projected for the next 12 months** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Asbestos, Lead Abatement | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Mould Abatement/ Clean up | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Emergency Response/Haz-Mat/Biohazard Clean-up | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Septic Tank Installation and Service | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Soil & Groundwater Treatment & Remediation | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Above ground Storage Tank Installation and Removal (excluding residential oil tanks) | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Underground Storage Tank Installation and Removal (excluding septic tanks and residential oil tanks) | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Storage Tank Interior Cleaning | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Barrier / Liner Installation (landfill, retention ponds, etc.) | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Landfill Related Services (moving, compacting, construction, expansion, capping, etc.) | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Waste Collection / Disposal – General Household and Construction Materials - non-hazardous | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Pesticide/Herbicide/Fertilizer/Fungicide Application | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Contaminated Soil Excavation & Hauling & Disposal | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Dredging | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Cleaning Services, Janitorial, Window, Industrial Cleaning, Power Washing | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Environmental Sample Collection (Soil, Groundwater, Air, Water) | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Trucking/Hauling – Hazardous Materials (oilfield products, petrochemicals, hazardous materials) | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
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| **Non-Environmental Operations:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| General Construction Contractor – Residential New Build and Renovation | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| General Construction Contractor – Commercial New Build and Renovation | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Restoration contractor – fire and water damage | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Carpentry, Millwork, Framing, Drywall, Plaster, Lathing | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Plumbing – Residential, Commercial | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Concrete including Pre-cast Beams and Supports, Masonry, Stonework, Stucco | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Electrician – Residential, Commercial, Industrial, Manufacturing, Telephone, Power Lines | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| HVAC/Mechanical (including Vent/Conduit Cleaning) | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Demolition (interior, excluding blasting and collapse, non-marine) | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Demolition (Including blasting and collapse, non-marine) | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Landscaping, Gardening,Tree Trimming, Pruning and Removal, Incidental Pesticide and Fertilizer Application (<50% of revenues) | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Drilling – Environmental, Water, Other (Excluding Oil & Gas) | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Insulation Installation and Removal (excluding hazardous materials including asbestos and mould) | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Excavation, Grading of Land – Excluding Road Construction | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Sewer, Steam and Watermain Cleaning, Installation, Maintenance | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Pile Driving, Foundation Work | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Painting/Exterior Finishing | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Utility Contracting, Underground Cable or Conduit | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Roofing | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Road & Highway Construction & Maintenance, Paving | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Driveway Construction and Repair, Parking Lots, Sidewalks | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Street Cleaning – Excluding Snow Removal | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Snow Removal, Salting, De-icing | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Bridge Construction, Repair & Maintenance | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Iron or Steel Erection – Including Structural | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Trucking/Hauling – Non-Hazardous Materials | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Boiler Installation and Maintenance | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Sprinkler Contractor | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Jetty, Pier, Dock, Levee, Breakwater Construction | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Underpinning of Buildings – Excluding Blasting and Collapse | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Flooring | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Windows, Doors, Awnings Install | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| Crane Rental (With Operator) | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | |
| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Does the Applicant follow all applicable laws and regulations in the performance of their work? | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Does the Applicant ensure all of its employees are covered by WCB? | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Does the Applicant sub-contract out to other parties? | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | What percentage of the Applicants portion of work is sub-contracted out? (%) | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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|  | | If the Applicant sub-contracts environmental type work (e.g. mold, asbestos abatement, contamination, hazardous material removal etc.), does the Applicant(s) always obtain proof of environmental liability insurance from sub-contractor(s)? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Yes | | | | | | | | No | | | | N/A – the applicant does not subcontract environment work | | | | | | | | | | | | | | | |
|  | |  | | | | | | | |  | | | |  | | | | | | | | | | | | | | | |
| Does the Applicant have a written Health and Safety and a Spill/Hazardous Materials Plan in place? | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
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| **Specialist Operations Information** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Does the Applicant perform any work outside of Canada, or plan to perform any work outside of Canada within the next 12 months? | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | If yes, describe all work performed outside of Canada: | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| Does the Applicant perform any work related to the Oil & Gas Industry? | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | If yes, describe nature of projects and how it may relate to the Oil & Gas industry: | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| Does the Applicant perform any work related to the Mining Industry? | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | If yes, describe nature of projects and how it may relate to the Mining industry: | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| Does the applicant perform any operations/works over or floating on a body of water (lakes, river, creek, pond, ocean, etc.)? | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | If yes, describe any operations/works that will be conducted over or floating on a body of water: | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| Does any of the Applicants work have any exposure to Asbestos? | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | If yes, does the Applicant always deploy Asbestos handling specialized firms when encountering Asbestos? | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | Yes | | | | | | | | No | | | | N/A – Applicant specializes in Asbestos handling | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Does any of the Applicants work have any exposure to Microbial Matter (Mould/Fungi)? | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | If yes, does the Applicant always deploy Microbial Matter (Mould/Fungi) handling specialized firms when encountering such matter? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | Yes | | | | | | | | No | | | | N/A – Applicant specializes in Microbial matter | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Does any of the Applicants operations involve blasting/explosives? | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | If yes, describe all work performed with blasting/explosives: | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| Does the Applicant own a waste disposal, waste storage, or recycling location? | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Transportation/ Hauling** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant assume responsibility for the hauling/transporting of contaminated materials? | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | If yes, Will the Applicant sub-contract out the hauling /transporting of contaminated materials? | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | If yes, will the Applicant ensure that the subcontractors hauling/transporting all have liability and pollution liability insurance in place? | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | If no, please answer the following questions: | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | Does the Applicant ensure an appropriate vehicle maintenance program is in place with all vehicles and trailers used? | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | Does the Applicant have a motor vehicle/trailer safety and training program is in place for all employees? | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | Does the Applicant ensure annual driving abstracts are in obtained for all drivers? | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | Total number of vehicles does the Applicant utilize for hauling/transporting contaminants: | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | Does the Applicant always confirm acceptability of the contaminants with the disposal site before disposing there? | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |
| **Specialist Contractors - Hazardous Material/Contaminant Handling** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does any of the Applicants work involve the specific handling of asbestos? | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | If yes, does the Applicant have a supervisor with a minimum of 5 years experience in the handling of asbestos? | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | Does the Applicant have all appropriate training, licensing, and permits for handling asbestos? | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Does any of the Applicants work involve the specific handling of Mould/Microbial Matter? | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | If yes, does the Applicant have a supervisor with a minimum of 5 years experience in the handling of Mould/Microbial matter? | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | Does the Applicant have all appropriate training, licensing, and permits required for handling Mould/Microbial Matter? | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Does any of the Applicants work involve the specific handling of hazardous waste and contaminated material? | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | Does the Applicant have a supervisor with a minimum of 5 years experience in the handling of hazardous waste and contaminated material? | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | Does the Applicant have all appropriate training, licensing, and permits for handling hazardous waste and contaminated material? | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **COVERAGES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Requested Limits** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Contractors Pollution Policy Limit** | | | | | | | | | | | | | **Non-owned Disposal Site Coverage Limit** | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | $1,000,000 | | | | | | | | | | | | | Non-owned Disposal Site Coverage Limit: $1,000,000 Included | | | | | | |  | | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | $2,000,000 | | | | | | | | | | | | | $1,000,000  $2,000,000 | | | | | | |  | | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | $3,000,000 | | | | | | | | | | | | | $1,000,000  $2,000,000  $3,000,000 | | | | | | |  | | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | $4,000,000 | | | | | | | | | | | | | $1,000,000  $2,000,000  $3,000,000  $4,000,000 | | | | | | |  | | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | $5,000,000 | | | | | | | | | | | | | $1,000,000  $2,000,000  $3,000,000  $4,000,000  $5,000,000 | | | | | | |  | | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | $10,000,000 | | | | | | | | | | | | | $1,000,000  $2,000,000  $3,000,000  $4,000,000  $5,000,000 | | | | | | |  | | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Type of policy form (availability may be limited due to nature of work): | | | | | | | | | | | | | | | | | | | | Claims Made Basis | | | | | | | Occurrence Basis | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |
| Deductible: | | | $2,500 | | | | | | | | | $5,000 Base Deductible | | | | | | | | $10,000 | | | | | | $25,000 | | | |
|  | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | | |
| Is Microbial Matter (Mould) Coverage extension required? Note that selecting yes will incur a premium surcharge, confirm with the applicant if this coverage is required. | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
|  | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | |
|  | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | |
| **ISSUANCE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Policy Term Information** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Proposed Effective Date (MM/DD/YYYY): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Mailing Address** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | City: | |  | | | | | | |
|  | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
| Province: |  | | | | | | | | | | | | | | | Postcode/ ZIP Code: | | | | | | |  | | | | | | |
|  |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |
| Is there an environmental audit or survey of this location (Phase 1, Phase 2 or Phase 3 Environmental Report, Remediation Report)? If yes, please provide copy. | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **ADDITIONAL INSUREDS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Add any Additional Insureds required with respect to liability coverage (eg. Landlord, contract requirements, etc.): | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Mailing Address: | | | | |  | | | | | | | | | | | | | | | | City: | |  | | | | | | |
|  | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
| Province: |  | | | | | | | | | | | | | | | Postcode/ ZIP Code: | | | | | | |  | | | | | | |
|  |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |
| What is the relation between the Applicant and the additional insured entity? | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | Customer of Insured | | | | | | | | | | | | | | | Landlord | | | | | | | | | | |
|  | | | | Government Body | | | | | | | | | | | | | | | Lead Contractor | | | | | | | | | | |
|  | | | | Lessor/ Finance Company | | | | | | | | | | | | | | | Subsidiary (100% wholly owned by Applicant) | | | | | | | | | | |
|  | | | | Subsidiary (not wholly owned by Applicant) | | | | | | | | | | | | | | | Joint venture | | | | | | | | | | |
|  | | | | Other | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | Name: | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the insured fails to immediately inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.  The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.  The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document.  **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of Applicant(s):** | | | | | | | | | |  | | | | | | | | | | **Date:** | | | |  | | | | | |
|  | | | | | | | | | |  | | | | | | | | | |  | | | |  | | | | | |
| **Brokerage:** | | | | | | | | | |  | | | | | | | | | | **Broker ID#:** | | | |  | | | | | |
|  | | | | | | | | | |  | | | | | | | | | |  | | | |  | | | | | |
| **Broker Email:** | | | | | | | | | |  | | | | | | | | | | **Phone:** | | | |  | | | | | |
|  | | | | | | | | | |  | | | | | | | | | |  | | | |  | | | | | |
| **Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |