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GREENWORKS INSURANCE APPLICATION
CONTRACTORS POLLUTION LIABILITY PACKAGE

BROKER INFORMATION:

Name: Contact:
Email: Telephone:

Please select product you are applying for:

Product selection boxes for Full Package, Contractor's Package, and Contractors' Pollution Stand-Alone.

PROPOSED COVERAGE EFFECTIVE DATE:

SUBMISSION REQUIREMENTS:

- Resumes (Statement of Qualifications) of Corporate Officers, Partners and/or Owners and Key Personnel (i.e. project managers);
Brochures: Note, this applies if no website address can be provided;
Five years of currently valued loss information for all lines of coverage being requested with details of any losses over \$25,000 (General Liability, Pollution Liability, Professional Liability);

LEAD, ASBESTOS & MOLD ABATEMENT CONTRACTORS:

- Certificates of Training

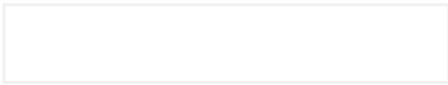
SECTION A: APPLICANT, GENERAL INFORMATION

1) Name of Company: (including all subsidiaries and please show the primary/controlling policy holder first)
Canadian Registered Company: YES NO Year Established:
2) Address:
City: Province: Postal Code:
3) Web Site Address:
4) Branch Office locations:
5) Number of Employees: 6) Years of Experience: 7) Are all Employees covered by W.C.B.? YES NO
8) Has any insurer ever cancelled, declined, or refused to renew or issue insurance of the type applied for? YES NO
If YES, please explain:
9) Have you ever operated under a different name? YES NO
10) Are all sub-contractors' employees covered under WCB or any other form of Workers' Comp? YES NO
11) a) Do you always use a written contract with clients? YES NO
b) Has your standard contract with clients been approved by legal counsel? YES NO
12) a) Do you require proof of Pollution Liability Insurance from sub-contractors/consultants? YES NO
If yes, Please list details of insurance requirements:
b) Do you require proof of Commercial General Liability Insurance from sub-contractors/consultants? YES NO
If yes, Please list details of insurance requirements:
c) Do you ensure any sub-contractors you hire to perform specialized jobs on your behalf are properly qualified / experienced? YES NO
If yes, Please provide details of what proof is required:
13) Please list the industry/trade associations that you belong to:
14) Please confirm which of the following written QC/QA Programs you have in place (and attach a copy):
a) Health & Safety Manual YES NO
b) Emergency Spill Response Plan YES NO
15) Do you have any locations or operations and/or plans to operate in the US or abroad? YES NO

SECTION B: CONTRACTING OPERATIONS

Operations by Revenue and Payroll (including sublet):

<u>Environmental Contracting Operations</u>		Actual Gross Revenue in the past 12 months	Estimated Gross Revenue for the next 12 months	Projected % to be sublet
Hazardous Material Removal / Abatement Work including Emergency Clean-up	Asbestos			
	Mould			
	Other: _____			
Tank Installation and Servicing (not including removal of hazardous materials)	UST			
	AST			
Restoration Contracting (fire and water) including air quality related operations				
Pesticide, Fertilizer, Herbicide, Fungicide Application				
Water treatment, Recovery and related activity				
		Actual Gross Payroll in the past 12 months	Estimated Gross Payroll in the next 12 months	Projected % to be sublet
Garbage Reduction and Incineration				
Waste Collection				
Soil and Water Sampling and Testing				
<u>Non-Environmental Contracting Operations</u>		Actual Gross Revenue in the past 12 months	Estimated Gross Revenue for the next 12 months	Projected % to be sublet
Excavation				
Boiler Installation				
Highway, Street, and Road Construction				
Road Maintenance, Surfacing, and Repair (includes Driveway Construction, Surfacing, and Repair)				
Sewer, Steam Main, and Water Main Construction and Repair				
Construction including new, repair and renovation				
Landscaping				
HVAC				
Electrical				
Grading of Land (not including excavation)				
Plumbing				
Underground Cable and other utilities				
Carpentry				
Drilling water and other (excluding oil and gas)				
Transportation (i.e. petrochemical, hazardous material)				
Other:				
		Actual Gross Payroll in the past 12 months	Estimated Gross Payroll in the next 12 months	Projected % to be sublet
Wrecking or Demolition				
<u>Consulting Operations</u>		Actual Gross Revenue in the past 12 months	Estimated Gross Revenue for the next 12 months	Projected % to be sublet
Air Quality Testing				
Hazardous Material Assessment, Remedial Design and Monitoring	Asbestos			
	Mould			
	Other _____			
Health and Safety Training, OSHA Compliance				
Laboratory Analysis				
Phase I - Environmental Risk Assessments				



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Phase II - Environmental Site Assessments			
Phase III - Remedial Investigation, Design & Feasibility Studies			
Regulatory Consulting- Permitting & Compliance Audits			
Tank System Design and Testing			
Waste Arranging and Brokering (do not include transportation / hauling fees)			
Building Inspector (non-residential)			
Civil Engineer			
Construction or Project Management			
Geotechnical Engineering			
Land Surveying			
Mechanical Engineering (HVAC, Plumbing, and Electrical)			
Process Engineering			
Water Management Consultant			
Agrologist			
Water Testing			
Forestry			
Other: explain: _____			
Total Gross Fees:			
Fill in any other operations to be included both environmental and non-environmental. Provide brief explanation.	Actual Gross Revenue in the past 12 months	Estimated Gross Revenue for the next 12 months	Projected % to be sublet
Other:			
Other:			
TOTAL GROSS REVENUE:			
TOTAL GROSS PAYROLL:			

Client Type	% of Revenue	Client Type	% of Revenue
Industrial (water treatment plants, pipeline, processing plants etc.)		Institutional (hospitals, nursing homes, schools)	
Infrastructure (bridges, roads, landfill etc.)		Commercial (malls, offices, hotels, warehouses, etc.)	
Residential (condos, apartments, homes etc.)		Others: explain	

- Do you perform any work relating to Oil and Gas Industry: YES NO
If YES, please explain: _____
- Do you perform any work relating to Mining Industry: YES NO
If YES, please explain: _____
- Do you perform work at contaminated sites: YES NO
If YES, please explain: _____

For Demolition/Wrecking Operations:

- Are pre-blast surveys made prior to blasting operations? YES NO
- Do your operations include open fires onsite? YES NO
- Do you own a waste disposal, waste storage, or recycling facility? YES NO
- Applicable to Asbestos Abatement, do you utilize a "wetting down" technique YES NO

SECTION C: CONTRACTORS' POLLUTION LIABILITY

- Limit of Liability required: \$1,000,000 \$2,000,000 \$5,000,000 Other: \$ _____
- Deductible required: \$5,000 \$10,000 \$25,000
- Claims-made form Occurrence form (not all applicants will qualify for occurrence)
- Is your existing coverage on a claims-made basis? YES NO **We require proof of prior insurance for the complete period.**
- Do you require Mould Coverage YES NO
If YES, please fill in supplemental, see www.premiergroup.ca for a copy or contact your underwriter
- Have you ever carried Contractor's Pollution Insurance including Products & Completed Operations? YES NO

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If YES, please provide details below:

INSURER	TERM	RETRO-DATE	LIMIT	DEDUCTIBLE	PREMIUM

- 7) Do you require Non Owned Disposal Site Coverage YES NO
 If YES, a. Estimated number of sites utilized for waste disposal: _____
 b. Are these sites licensed to accept the waste YES NO

CPL SUBMISSION REQUIREMENTS:

- Copy of standard contract with sub-contractors for review
- Confirmation that certificates of insurance are collected with the following requirements: minimum \$1,000,000 limit, additional insured status, and comparable pollution coverage. Check box to confirm:

SECTION D: COMMERCIAL GENERAL LIABILITY

- 1) Are you renewing an existing policy that is already with Premier? YES NO
 If YES, you may skip this section or if you require some changes this year to the coverage, please describe them here:

- Limit of Liability required: \$1,000,000 \$2,000,000 \$5,000,000 Other: \$ _____
- Deductible required: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000
- NOA- SPF No. 6: \$1,000,000 \$2,000,000 \$5,000,000 Other: \$ _____
- Tenants' Legal Liability: \$1,000,000 \$2,000,000 \$5,000,000 Other: \$ _____
- Medical Expenses: \$10,000/\$25,000 \$25,000/\$50,000
- Employee Benefits: \$1,000,000 \$2,000,000 \$5,000,000 Other: \$ _____
- Have you ever carried CGL Insurance including Products & Completed Operations? YES NO

If YES, please provide details below:

INSURER	TERM	LIMIT	DEDUCTIBLE	PREMIUM

CGL SUBMISSION REQUIREMENTS

Confirmation that Certificates of Insurance are collected from subcontractors with the following requirements: minimum \$1,000,000 limit and additional insured status. Check box to confirm: (applies to subcontracted receipts only)

CONTRACTORS' EQUIPMENT PROPERTY

- Do you require Property coverage for your equipment? YES NO

If yes, please go to www.premiergroup.ca to complete the Contractors' Equipment Property application and send it to Premier

CLAIMS

- Have there been any losses in the past 5 years with regards to the lines of coverage you are applying for? YES NO
 If yes, please describe or attach on separate document (date, claimant's name, loss amount, expenses, type of loss, general description, etc.):

- Have there been any claims against any of the entities you operated previously? YES NO
 If yes, please describe or attach on separate document (date, claimant's name, loss amount, expenses, type of loss, general description, etc.):

- Are you aware of any circumstances, fact or situation that might result in a claim being made against you or any other person or entity for whom coverage is being sought? YES NO
 If yes, please describe in detail: _____

IT IS AGREED THAT IF THERE IS ANY KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY ARISING FROM IT IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.



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For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada. Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Printed Name: _____

Position Held: _____

Applicant's Signature: _____

Date: _____

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