

CONTRACTORS POLLUTION LIABILITY APPLICATION

This application should be completed by a Director of the Company or someone who is classified as a responsible insured, meaning any director, officer, partner, manager, control, environmental, insurance, risk or compliance officer or supervisor of the Company or any other responsible individual on the Company's behalf.

Note that the application form, including all attachments and other documents submitted in connection with the underwriting of this policy, forms part of the policy. Note however that completion of this form does not bind coverage.

GENERAL INFORMATION

1. Applicant's name:

2. Applicant's address:

3. Website:

4. Applicant is:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Special Purpose Vehicle |
| <input type="checkbox"/> Public Body | <input type="checkbox"/> Private Firm | <input type="checkbox"/> Other (please provide additional details): |
-

5. Specify the type of Business (please select from list): Choose an item.

6. Total revenues from operations:

Above ground: \$

Below ground: \$

INSURANCE COVERAGES

7. Limits required:

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> \$ 1,000,000 | <input type="checkbox"/> \$ 2,000,000 | <input type="checkbox"/> \$ 3,000,000 |
| <input type="checkbox"/> \$ 4,000,000 | <input type="checkbox"/> \$ 5,000,000 | |

8. Deductible requested:

- | | | |
|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> \$ 5,000 | <input type="checkbox"/> \$ 10,000 | <input type="checkbox"/> \$ 25,000 |
| <input type="checkbox"/> \$ 50,000 | <input type="checkbox"/> \$ 100,000 | |

9. What would be the anticipated Effective Date for the Policy?

10. Which would be the required Retroactive Date for the Policy?

11. What is the Extended Reporting Period for the Policy?

 days

INSURED PREMISES

12. Location Address (if different from mailing address above):

13. Does the insured have certification to any environmental management accreditation program?

☐ Yes ☐ No

14. Are there any above or below ground storage tanks at the insured premises? ☐ Yes ☐ No

15. Does the insured possess, or have they commissioned any environmental reports relating the insured premises? ☐ Yes ☐ No

16. Does the insured benefit from sudden & accidental pollution coverage under the term of their Commercial General Liability policy or any other policy? ☐ Yes ☐ No

COVERED OPERATIONS

17. Is Operations coverage required? ☐ Yes ☐ No

Operations	Revenues (\$)	Subcontracted (\$)
Asbestos, lead abatement		
Bridge construction, maintenance		
Brickwork/masonry		
Carpentry		
Concrete work		
Construction management		
Contaminated soil excavation		
Demolition		
Drilling of monitoring wells		
Drilling of potable wells		
Dredging & marine activities		
Electrical contracting		
Emergency spill response		
Excavation, site grading		
Facilities management		
Flooring		
General construction		
HVAC, mechanical contracting		
Industrial cleaning		
Landfill construction		
Landfill liner installation		
Landfill management		
Management of waste treatment, recycling sites		
Mould remediation		
Painting, exterior finishing		
Piling/foundation works		
Pipeline installation		
Pipeline, sewer, septic maintenance		
Residential construction		
Road construction, maintenance		
Roofing, insulation		
Soil & groundwater sampling		
Soil & groundwater treatment, remediation		
Soil & groundwater boring		
Steel erection		
Telecommunications		
Tunnelling		
UST installation		
UST removal, decommissioning		
Waste collection		
Water, sewer		
Other (please detail):		

DECLARATIONS

The Applicant represents that, in the past 5 years, the following statements and facts are true and that no material facts have been suppressed or misstated: (Answer "Yes" if the following statement are true)

18. There have been no reportable releases or spills of hazardous substances, hazardous waste, environmental damage or any other pollutants as defined by applicable environmental statutes or regulations attributable to the Applicant or their products. ☐ Yes ☐ No
19. There have been no prosecutions, or threats of prosecution, and there are no current prosecutions, attributable to the Applicant or their products, for any offence, either directly or indirectly arising out of pollution, environmental damage or a release of any substance into sewers, rivers, sea or air or onto land or groundwater. ☐ Yes ☐ No
20. There have been no claims resulting from pollution, environmental damage or the release of hazardous substances, hazardous waste, or other pollutants, attributable to the Applicant or their products, into the environment. ☐ Yes ☐ No
21. At the time of signing this application, there are no known facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against an Applicant in relation to coverage being provided under this policy. ☐ Yes ☐ No
22. There have been no former uses of the facilities that the Applicant is aware of that may have resulted in significant ground contamination issues. ☐ Yes ☐ No
23. Can the applicant confirm that there are no facts or circumstances which could reasonably be expected to result in a claim (s) or order being asserted against the applicant or any employee for environmental clean-up or response, or for bodily injury or property damage arising from the release of pollution conditions into the environment? ☐ Yes ☐ No
24. During the past five (5) years up to the date of this application, could the applicant confirm that they or any employee have never been charged in relation to a contravention of any standard or law relating to the release or threatened release from the location/facility of a regulated substance, hazardous material or waste or any other pollutant? ☐ Yes ☐ No

I declare that after proper enquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact. I agree that this Application Form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurer of any material alteration to these facts occurring before the completion of the contract.

Any personal information you provide will be passed to insurer(s) in relation to your Proposal for insurance cover. It may be used by such insurers' relevant staff and their agents in making a decision concerning your insurance Proposal and for the purpose of servicing any cover which may be arranged and administering claims. Information may be passed to loss adjusters and reinsurers for these purposes.

The undersigned agrees that by signing below, they are affirming the conditions and statements set forth in this application form.

Name of person completing this form: _____ Position: _____

Signature of the Insured: _____ Date: _____

Please send the completed, signed and dated application to underwriting@revau.com.