



Pollution Application Construction Companies

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Section 1 – Applicant Information	
Applicant Name:	
Mailing Address:	
Physical Address:	
Contact Name:	Contact Title:
Telephone:	Fax:
E-mail:	Website:
Year business started operation:	

Section 2 – Coverage Requested			
<input type="checkbox"/> Pollution Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made	Retro Date:
Proposed Effective Date:		SIR Requested:	
Limits Requested (Occ/Agg):			

Section 3 – Expiring Insurance Program					
Pollution Liability			General Liability		
<input type="checkbox"/> None	<input type="checkbox"/> OCC	<input type="checkbox"/> CM	<input type="checkbox"/> None	<input type="checkbox"/> OCC	<input type="checkbox"/> CM
Carrier:			Carrier:		
Limits:			Limits:		
SIR:			SIR:		
Premium:			Premium:		
Eff.Dates:			Eff.Dates:		
Policy Term:			Policy Term:		
Retro Dates:			Retro Dates:		

Please submit the following information in addition to this application: <ol style="list-style-type: none"> 1. Past two years financials including balance sheet and income statement (audited preferred) 2. Past three years currently valued loss runs for lines of coverage requested. If no prior coverage, please provide past three years of currently valued General Liability loss runs. 3. Narrative description of any loss reserve 4. Pertinent marketing or qualification information

Section 4 – General Information
Description of Contracting Services:



Section 5 – Geographic Areas of Operations (total 100%)	
Canada: %	List provinces:
United States: %	List states:
Other Foreign: %	List countries: (Include % revenue and if physical office location)

Section 6 – Company History		
Are your firm's past operations significantly different than your current operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your firm operated under a different name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your firm experienced any merger, acquisition, consolidation or divestiture?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered yes to any of the above, please provide full details:		

Section 7 – Related Entity Information (for which coverage is being requested)					
Name of Entity	Services Performed/Relationship	Size (\$)	Active	Inactive	% Ownership
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

If additional space is required, please provide additional sheet.

Section 8 – Revenue History		
Fiscal Year	Date Range	Total Gross Revenue (\$)
Estimated Next 12 Months		
Estimated Current Fiscal Year		
Last Completed Fiscal Year		

Section 9 – Client Information			
Provincial Government	%	Educational/Institutional	%
Federal Government	%	Commercial Entities	%
Municipal/Local Government	%	Residential*	%
Industrial Entities	%	Other (Explain)	
What percentage of work is attributable to repeat clients?			%

* Residential includes single family homes, apartments, condominiums and timeshares

Section 10 – Contracts / Subcontractors		
What percent of projects are performed under verbal agreement?		%
Are subcontractors required to carry Pollution Liability coverage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, which type of subcontractors?	If yes, what percentage of the time?	If yes, what limits?

Section 11 – Risk Management (*Copies may be requested for review)		
Does your firm have a dedicated Risk Manager?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm have written procedures to control water intrusion?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm use third-party quality inspection firms at critical project stages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm have standard protocol for working in contaminated areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm have a written Quality Assurance / Quality Control program?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to any of the below, please provide full details including percentages where appropriate.		

Section 11 – Risk Management, continued (*Copies may be requested for review)		
Is your firm constructing or involved with “green” buildings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm construct wood frame buildings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your firm involved with Exterior Insulation Finishing Systems (EIFS)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been notified of any complaints/issues regarding your use of drywall products produced outside of Canada or the US?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 12 – Services Provided	
Contracting Service	Percentage of Revenue
General Construction	
General Contracting	%
Construction Management	%
Percentage of work self-performed	%
Type of work self-performed (list)	
Civil Construction	
Excavation/Grading	%
Heavy Highway/Bridge	%
Street/Road	%
Tunnel	%
Utility	%
Pipeline Construction/Cleaning	%
Mechanical Construction	
HVAC	%
Mechanical	%
Electrical	%
Plumbing	%
Carpentry	%
Trade Contractors	
Drywall	%
Concrete	%
Painting	%
Roofing	%
Steel Erection	%
Specialty Contractors	
Demolition	%
Drilling	%
Dredging	%
Fire Sprinkler	%
Glazer	%
Insulation	%
Janitorial	%
Marine	%
Oil Lease	%
Pile Driving	%
Process Piping	%
Other (Explain):	%

Section 13 – Project Information (Total 100%)					
Airports	%	Mass Transit	%	Retirement Community	%
Bridges	%	Mines	%	Roads/Highways	%
Convention Center	%	Nuclear	%	Schools/Colleges	%
Dams	%	Parking Structures	%	Shopping/Retail	%
Environmental	%	Petro/Chemical	%	Storm Water	%
Food Processing	%	Power Plants	%	Tunnels	%
Hospitals	%	Recreation/Sports	%	Wastewater/Water	%
Landfills	%	Residential – single unit*	%	Other (Explain)	%
Manufacturing/Industrial	%	Residential – multi unit*	%		

* Residential includes single family homes, apartments, assisted living, nursing homes, condominiums and timeshares.

Section 14 – Occupied Location Information							
<p>Note: Information supports evaluation of Named Insured location coverage. To request coverage for additional occupied locations, attach additional sheets.</p>							
Location:							
Describe Operations / Activities at this Location:							
Do you store any hazardous or bulk materials at this property (other than in tanks schedule below)? If yes, please elaborate.						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had any historic environmental issues at this property? If yes, please elaborate.						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tank Information							
AST	UST	Size	Content	Tank Construction Material	Age	Last Test Date	Containment
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

Section 15 – Material/Waste Information	
<p>Note: Information supports evaluation of non-owned disposal sites (NODs) coverage</p>	
What type of waste (from occupied location or project sites) are you disposing at non-owned disposal site?	
Hazardous: %	Non-Hazardous: %
What type of materials are you transporting?	
Hazardous: %	Non-Hazardous: %

Section 16 – Claims

Has any pollution or professional claim, suit or notice of incident been made against:		
Your firm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Predecessor firm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Entities your firm wholly or partly owns, manages, or controls?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any member of your firm or of the above entities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is any member of your firm, predecessor firm, or any entity your firm wholly or partly owns, manages and/or controls aware of any circumstance which may result in any project delay, professional or pollution liability claim, suit, or notice of incident / occurrence against them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any application for professional liability insurance and/or pollution liability insurance made on behalf of the applicant, predecessors in business, present partners or officers ever been declined or has the insurance ever been cancelled or renewal refused?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered yes to any of the above, please provide full details.		

After reasonable inquiry, I warrant that the information and statements contained in this application for insurance are true and correct, and that no material facts have been withheld or misstated. I understand that this application, and all other materials and information submitted to the Company in connection with this application for insurance, are incorporated and made a part hereof. I also understand that the Company will rely upon the application, materials and information submitted in the underwriting process in the formation of any subsequent contract of insurance entered into.

I understand that the completion of this application does not bind coverage. Acceptance of a quotation from the Company is required prior to binding coverage with the Company.

Applicant's Signature: _____

Title: _____

Print Applicant's Name: _____

Date: _____