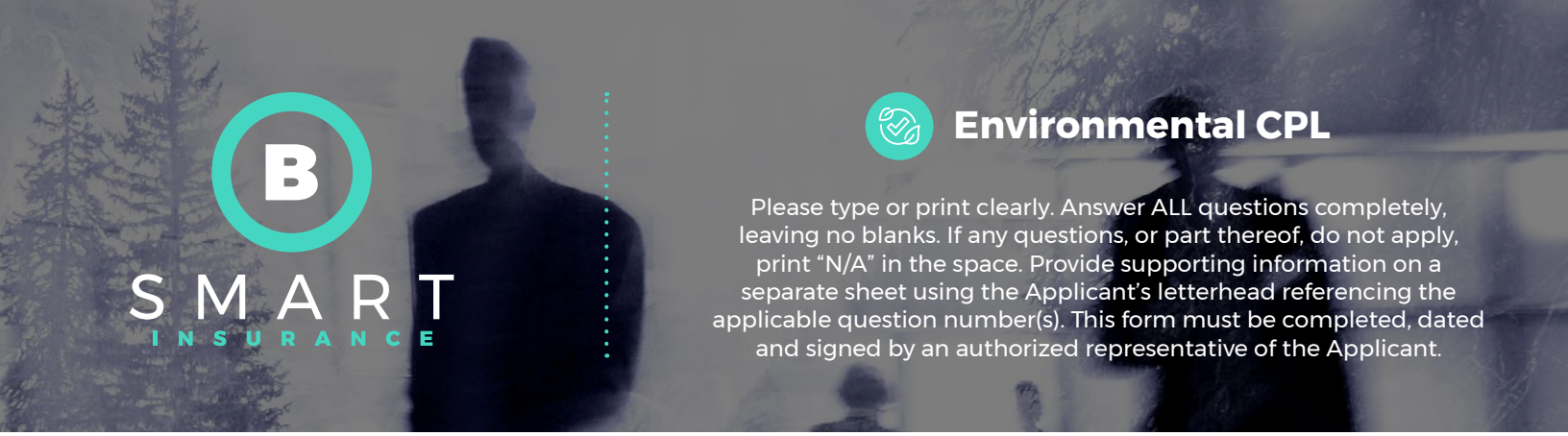

B SMART INSURANCE

Environmental CPL

Please type or print clearly. Answer ALL questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space. Provide supporting information on a separate sheet using the Applicant's letterhead referencing the applicable question number(s). This form must be completed, dated and signed by an authorized representative of the Applicant.

1. Details of the Prospective Insured

Name of Insured: _____

Registered Address: _____

City: _____

Province: _____ Postal Code: _____

Website: _____

Any additional insureds requesting coverage? _____

The Insured is a: ☐ Corporation ☐ Joint Venture ☐ Public Corporation

☐ Other (Please detail) _____

_____

Date of Incorporation: _____

Has the Insured previously traded under a different entity/company? ☐ Yes ☐ No

If yes please provide the name here: _____

_____

_____

_____

2. Profile of Operations

Please describe the operations for which coverage is required and describe the types of clients this work is undertaken for: _____

_____

_____

_____

Please describe the three largest projects/contracts in the past 12 months

Client Name	Project Revenue	Description	Current Status

Does any one project or contract represent more than 25% of your annual revenue?

☐ Yes ☐ No

Where are the operations performed?

☐ United Kingdom ☐ EU/EEA ☐ South America

☐ Africa ☐ Middle East ☐ Asia

☐ Australia ☐ United States of America ☐ Canada

Does the prospective Insured have any exposure in countries or regions that are subject to limited or comprehensive sanctions (eg. incorporated, located or domiciled, conducting business activities, generating revenue, board members or majority owned by entities/individuals incorporated, domiciled or located, in such countries)? ☐ Yes ☐ No

If yes please provide details: _____

_____

_____

3. Annual Revenue/Contract Value

Estimated Annual Gross Revenues: _____ Next Year (Projected):_____

Please identify the projected revenue by specific categories and the percentage of subcontracted for each. The sum of contracting operations gross revenues should equal the Estimated Annual Gross Revenues above.

Contracting Operations	Projected Gross Revenue	% Subcontracted
Abatement / Remediation Activities		
Asbestos - Residential		
Asbestos - Non-Residential		
Mould - Residential		
Mould - Non-Residential		
Other (Specify) - Residential		
Other (Specify) - Non-Residential		
Carpentry / Framing		
Demolition / Dismantling		
Dredging Activities		
Expansion of Waterways		
Remedial		
Drilling		
Environmental Activities		
Oil & Gas		
Water		
Electrical		
Emergency Spill Response & Cleanup		
General Construction & Management		
Environmental Activities		
Non-Environmental Activities		
Groundwater & Soil Activities		
Cleanup		
In-situ Treatment		
Sampling		
Hauling		
Dry Goods		
Oilfield Fluids		
Petroleum - Residential		
Petroleum - Non Residential		
Hazardous Wastes		
Non-Hazardous Wastes		
Other (Specify)		
HVAC / Mechanical (including Duct Cleaning)		

Contracting Operations	Projected Gross Revenue	% Subcontracted
Residential		
Non-Residential		
Industrial Cleaning (including Septic / Sewer)		
Landfill Construction / Expansion / Capping		
Landscaping - Non-spraying Activities		
Landscaping - Spraying Activities		
Liner Installation		
Logging		
Marine Construction or Other Marine Activities		
Masonry & Concrete		
Painting & Coating		
PCB Handling		
Pipeline Construction		
Plumbing		
Railroad Construction		
Residential Home Construction		
Restoration Contracting		
Roofing		
Soil Excavation / Grading		
Storage Tank Installation / Removal / Maintenance		
Above ground Storage Tanks		
Underground Storage Tanks		
Street & Road Construction		
Third Party Facility Operation & Maintenance		
Other Contracting Activities (Specify)		

4. Existing Insurance Policies

Please provide details of any current pollution liability insurance including the information on Insurer, renewal date, retroactive date, limit of liability and deductible.

Insurer	Renewal Date	Retroactive Date	Limit of Liability	Deductible

5. History

Has the applicant ever had Environmental Liability insurance declined, refused to renew, cancelled or imposed special conditions on your policy or your application at any time?

☐ Yes ☐ No

If yes please provide details. _____

_____

_____

Has the applicant during the past five (5) years had any releases or spills of hazardous substances, hazardous waste or any other pollutants or caused environmental damage, as defined by applicable environmental statutes or regulations?

☐ Yes ☐ No

If yes please provide details. _____

_____

_____

Have you during the last five (5) years been prosecuted, or threatened with prosecution or are you currently being investigated by regulatory authorities in contemplation of prosecution or have you received any penalties, notices or undertakings as defined by environmental laws, statutes or regulations?

☐ Yes ☐ No

If yes please provide details. _____

_____

_____

At the time of the signing of this form, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental clean-up or response, or for bodily injury, property damage or nuisance claims arising from the release of pollutants into the environment or environmental damage?

☐ Yes ☐ No

If yes please provide details. _____

_____

_____

At the time of signing this form, is there any material information, in addition to that disclosed in response to the questions above, which should be disclosed? ☐ Yes ☐ No

If yes, please state here and/or attach documents and direct the Insurer to the relevant sections.

_____

_____

_____

6. Coverage Options

Preferred options Limit of Liability: _____

Preferred options Deductible: _____

Preferred Inception Date: _____

Preferred Policy Term: _____

Please indicate if any specific coverages are required: _____

_____

_____

Please provide the following accompanying documents along with this completed application:

Copies of Method Statements for the Covered Operations

☐ Enclosed ☐ To Follow ☐ Does Not Exist

Details of Environmental Management Systems and Loss Prevention Measures

☐ Enclosed ☐ To Follow ☐ Does Not Exist

7. Declaration

Please read the declaration carefully and sign at the bottom.

Material information

In deciding whether to accept the insurance and in setting the terms and premium, we have relied on the information you have given us.

You must:

- give a fair presentation of the risk to be insured (a fair presentation is one which clearly discloses in a reasonably clear and accessible manner all material facts which you (including your senior management and those responsible for arranging this insurance) know or ought to know following a reasonable search);

- take care when answering any questions we ask by ensuring that all information provided is true, accurate and complete; and
- conduct a reasonable search of information available (including information held by third parties) and disclose all material facts and circumstances in a reasonably clear and accessible manner, whether or not those facts and circumstances are the subject of a specific question in this application form.

A material fact or circumstance is one which is likely to influence our acceptance or assessment of this application. If you are in any doubt as to what constitutes a material fact or circumstance you should consult your insurance broker.

Using your personal information

B Smart is committed to protecting Your privacy. Insurance involves the use and disclosure of Your data to various insurance participants such as intermediaries, insurers and reinsurers.

We collect and process information about you in order to provide insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with, and obtaining information about you from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies.

We may record telephone calls to help us monitor and improve the service we provide.

If You would like to know how B Smart deals with any personal data You have provided Us, please visit Our privacy page at: https://www.bsmartinsurance.com/privacy-policy

Declaration

I/we confirm that the information given in this application form and any supplementary information provided is true, accurate and complete.

I/we have made a fair presentation of the risk and have disclosed all facts and circumstances which would be material to your acceptance or assessment of the risk in a reasonably clear and accessible manner, whether or not those facts or circumstances were the subject of a specific question in this application form. ***I/we*** confirm that ***I/we*** have conducted a reasonable search of the information available to ***me/us*** (including information held by third parties) in order to reveal those facts and circumstances. If there are any material facts or circumstances not covered by a specific question on this application form, ***I/we*** have listed these on a separate sheet of paper which is signed and dated and attached to this application form.

I/we understand that if ***I/we*** deliberately or recklessly failed to present the risk to you fairly, you may treat this insurance as if it never existed and refuse to make any payment under it. ***I/we*** understand that ***I/we*** must reimburse all payments already made by you and that you will also be entitled to retain all premiums paid.

I/we understand that if ***I/we*** failed to present the risk to you fairly but that failure was not deliberate or reckless, the remedy available to you will depend upon what you would have done if ***I/we*** had made a fair presentation of the risk. ***I/we*** understand that you may:

- treat this insurance as if it never existed and refuse to make any payment under it. ***I/we*** must reimburse all payments already made by you. You will refund any premium ***I/we*** have paid; or

- amend the terms and conditions of this insurance and apply those amended terms and conditions from the start of the period of insurance. ***I/we*** understand that this may result in a particular claim or loss not being paid. ***I/we*** will reimburse you for any payment already made that would not have been paid if such terms had been in effect; and/or
- reduce the amount of any claim in proportion to the premium that you would have charged if ***I/we*** had fairly presented the risk to you. ***I/we*** understand that this remedy may apply in addition to those shown above.

Please note that the signing of this application form does not bind you to complete or us to accept this insurance. The person signing this application form is duly authorized to do so on behalf of the applicant.

Form Was Completed by: _____

Title:_____Organization: _____

Dated: _____

Signature of authorized representative of the prospective Insured:

_____

Print Name: _____

Title:_____

A copy of this application should be retained for your records.

8. Complaints

B Smart aims to ensure that all aspects of your insurance are dealt with promptly, efficiently and fairly. At all times B Smart is committed to providing you with the highest standard of service. If you have any concerns about your policy or you are dissatisfied about the handling of a claim and wish to complain you should, in the first instance, contact B Smart at: **bsmartinsurance.com**

For contact information visit:

bsmartinsurance.com

B SMART INSURANCE

Owl Underwriting Agency Inc. DBA B Smart Insurance