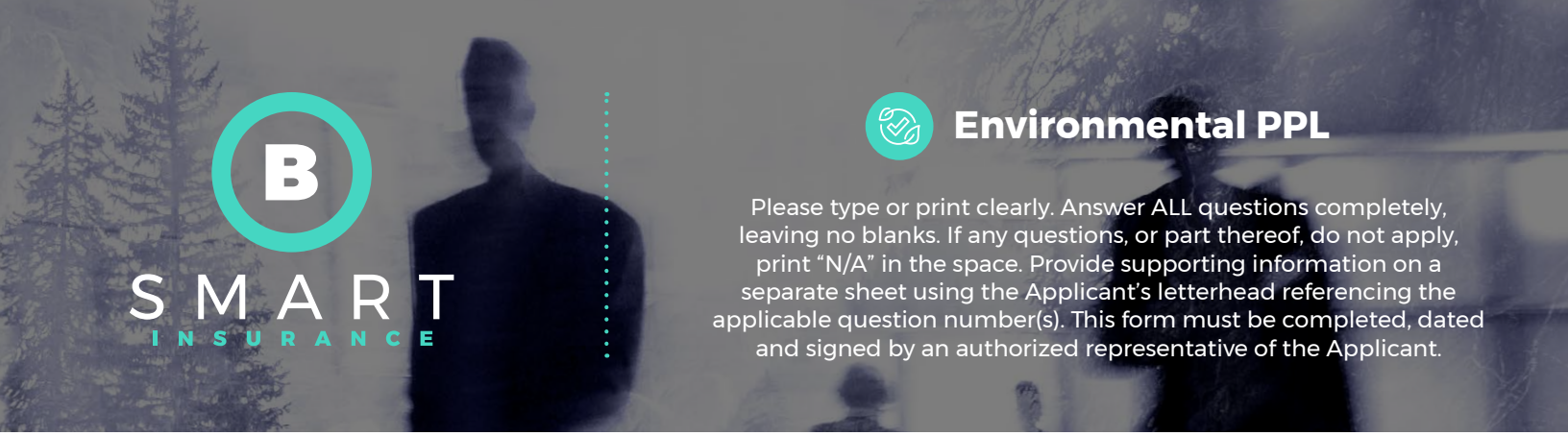

B SMART INSURANCE

Environmental PPL

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 Business Activities undertaken for which coverage is required:_____

_____

_____

_____

What percentage of the business is performed on third-party sites (i.e installation work)? _____

How long have you been in business performing these activities?_____

Insured Locations:

Please list the total number of properties to be covered under this policy by completing the table below. If more than 5 Insured Locations, please provide below under Appendix A: Locations.

	Location – Street Address, City, Postal Code	Owned/Leased	Operations at Site	Date Insured began Operations at Site
1.				
2.				
3.				
4.				
5.				

Does the prospective Insured have any exposure in countries or regions that are subject to limited or comprehensive sanctions? (incorporated, located or domiciled, conducting business activities, generating revenue, board members or majority owned by entities/individuals incorporated, domiciled or located, in such countries)? _____

_____

_____

_____

Annual Revenue/Rental Income:

Prior Year: _____

Next Year (Projected): _____

3. Storage Tanks:

If you are seeking coverage for pollutants emanating from storage tanks, please complete the following section:

All tanks requiring coverage must be located at an Insured Location. Were all the storage tanks new at the time of installation?

☐ Yes ☐ No If no please provide additional information:_____

Aboveground Storage Tanks (AST):

Tank Information								Piping Information			
Location	Tank #	Year Installed	Capacity (litres)	Construction Material	Double Wall (Y or N)	Monitoring	Contents	Year Installed	Construction Material	Double Wall (Y or N)	Monitoring

Underground Storage Tanks (UST):

Tank Information								Piping Information			
Location	Tank #	Year Installed	Capacity (litres)	Construction Material	Double Wall (Y or N)	Monitoring	Contents	Year Installed	Construction Material	Double Wall (Y or N)	Monitoring

Construction Material	Monitoring	Contents	Base and Diking Construction
FG Fibreglass	**IM** Interstitial Monitoring	**G** Gasoline	**CON** Concrete
FRP Fibreglass Reinforced Plastic	**ATG** Automatic Tank Gauging	**D** Diesel	**SYN** Synthetic Material
FCL Fibreglass Clad Steel	**MTG** Manual Tank Gauging	**FO** Fuel Oil	**STL** Steel
CPS Cathodically Protected Steel	**VM** Vapour Monitoring Wells	**WO** Waste Oil	**CLY** Clay
PCS Polyethylene Clad Steel	**GW** Monitoring Wells	**AF** Aviation Fuel	**DEG** Dirt/Earth/Gravel
UPS Unprotected Steel	**SIR** Statistical Inventory Reconciliation	**OP** Other Petroleum (provide details)	**N/A** None
STI STI-P3	**VIS** Visual Inspections	**PHI** Pesticide/Herbicide/Insecticide	
CON Concrete	**ATT** Annual Tightness Tests	**OC** Other Chemical (provide details)	

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. _____

_____

History:

Do you have a formal environmental management system which conforms to ISO 14001 applicable to all sites?

☐ Yes ☐ No _____

Do you have a plan in place to respond to any spills or leaks?

☐ Yes ☐ No _____

Are there groundwater monitoring wells located at any of the Insured Locations?

☐ Yes ☐ No _____

Have there been any reportable spills of regulated substances, hazardous waste or other pollutants at any of the Insured locations?

☐ Yes ☐ No _____

Has the applicant received any fines, penalties, notice of violations, complaints or enforcement actions regarding compliance in the last 5 years?

☐ Yes ☐ No If yes please provide details. _____

_____

At the time of signing this application form, are you aware of any facts or circumstances which could reasonably be expected to give rise or result in a claim or order against them?

☐ Yes ☐ No If yes please provide details. _____

_____

List all the claims made against you during the last 5 years, for clean-up costs, bodily injury, property damage, or environmental damage resulting from the release of hazardous substances or pollutants: _____

_____

_____

_____

_____

_____

5. Coverage Options

Currency: _____

Preferred Limit of Liability:_____

Preferred Deductible:_____

Preferred Policy Period: _____

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

- Details of Environmental Management Systems and Loss Prevention Measures

☐ Enclosed ☐ To Follow ☐ Does Not Exist

6. 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.

7. 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**

8. Appendix A

Please provide using the following format, all Insured Locations to be Covered:

Location – Street Address, City, Postal Code	Owned/Leased	Operations at Site	Date Insured began Operations at Site

Further Locations:

_____

_____

For contact information visit:

bsmartinsurance.com

B SMART INSURANCE

Owl Underwriting Agency Inc. DBA B Smart Insurance