

APPLICATION FOR ENVIRONMENTAL IMPAIRMENT LIABILITY

1.

Name of Insured	
Post Office Address	
Inspection Contacts (Name and Phone #)	

2.

	Legal Address of Locations to be Scheduled	Nature of Operations at Each Location
A.		
B.		
C.		
D.		

3.

Number of Students:	Full Time:	<input type="text"/>	Part Time:	<input type="text"/>
Number of Faculty:	Full Time:	<input type="text"/>	Part Time:	<input type="text"/>
Other Staff:	Full Time:	<input type="text"/>	Part Time:	<input type="text"/>
Gross Operating Budget: \$	<input type="text"/>			

4.

Has there been any change in operations during the last year that has either lessened or increased the risk of pollution liability? Yes No

If 'Yes' please provide details:

5.

Are there any statutes, standards, or provincial regulations relating to the protection of the environment which apply to any operations with which you cannot at present comply? Yes No

If 'Yes' please provide details:

6.

Hazardous Waste Transporter and Treatment Contractors Used in Your Operations

	Name of Waste Hauler or Treater:	Type of Waste Handled:
A.		
B.		
C.		
D.		

7.

Do any of the scheduled locations have underground storage tanks? Yes No

If Yes, please complete the attached Underground Tank Supplement.

8.

Have you during the last year been prosecuted for contravention of any standard or law relating to the release from the location of a substance into sewers, rivers, sea, air, or onto land? Yes No

If so, please provide details:

[Empty text box for details]

Please describe any pollution claims during the last year. (If none, please so state):

[Empty text box for pollution claims]

At the time of signing the application, are you aware of any circumstances which may reasonably be expected to give rise to a claim under this coverage?

Yes No

If so, please provide details:

[Empty text box for details]

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued, and it will become part of the policy.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Ecclesiastical's Insurance Office plc's insurance business in Canada.

Applicant:

By: Date:

Broker:

Address:

Signature of Officer

Storage Tank Supplement

List of Locations Having Above or Underground Tanks:

	Legal Address:	Method of Inventory Control:
A.		
B.		
C.		
D.		

Tank Data:

Location #:	Above or Underground:	Construction (Steel, Fibreglass, etc.):	Product Stored:	Capacity:	Year Installed:	Protection (Please Indicate "Yes" or "No")		
						Cathodic:	Leak Detection:	Double-Lined: