

1.		
Name of Insured		
Post Office Address		
Inspection Contacts (Name and Phone #)		
2.		
	Legal Address of Locations to be Scheduled	Nature of Operation at Each Location
A.		
B.		
C.		
D.		
3.		
Number of Students:	Full Time:	Part Time:
Number of Faculty:	Full Time:	Part Time:
Other Staff:	Full Time:	Part Time:
Gross Operating Budget		
4.		
Has there been any change in operations during the last year that has either lessened or increased the risk of pollution liability? Y N		
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:	
Please describe any pollution claims during the last year. (If none, please so state):	
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:	

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:
 Broker:
 Address:

Date:

Signature _____

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, Fiberglass, etc.):	Product Stored:	Capacity:	Year Installed:	Protection (Please indicate "Yes" or "No")		
						Cathodic	Leak Detection	Double-Lined