

**GREENWORKS INSURANCE APPLICATION**  
**CONTRACTORS POLLUTION LIABILITY PACKAGE**

**BROKER INFORMATION:**

Name:	Contact:	
Address:	City:	Postal Code:
For renewal only, Policy Number:		

**Please select product you are applying for:**

<input type="checkbox"/>	<b>FULL PACKAGE:</b> (CONTRACTORS' POLLUTION , COMMERCIAL GENERAL LIABILITY and PROFESSIONAL LIABILITY) For professional liability, please contact Premier or refer to our E&O application on the website
<input type="checkbox"/>	<b>CONTRACTOR'S PACKAGE:</b> (CONTRACTORS' POLLUTION and COMMERCIAL GENERAL LIABILITY)
<input type="checkbox"/>	<b>CONTRACTORS' POLLUTION STAND-ALONE</b>

**PROPOSED COVERAGE EFFECTIVE DATE:** \_\_\_\_\_

**SUBMISSION REQUIREMENTS:**

- Resumes (Statement of Qualifications) of Corporate Officers, Partners and/or Owners and Key Personnel (i.e. project managers): **Note, this applies if the organization/company has been formed in the past five years;**
- Brochures: Note, this applies if no website address can be provided;
- Five years of currently valued loss information for all lines of coverage being requested with details of any losses over \$25,000 (General Liability, Pollution Liability, Professional Liability);
- Further note, please read the application carefully as there may be additional documents required.

**LEAD, ASBESTOS & MOLD ABATEMENT CONTRACTORS:**

- Certificates of Training
- Proof of licenses from applicable agencies and governmental bodies to work mold, lead, or asbestos (if applicable to their operations)

**SECTION A: APPLICANT, GENERAL INFORMATION**

- Name of Company: (including all subsidiaries and please show the primary/controlling policy holder first)  
 \_\_\_\_\_  
 Canadian Registered Company:  YES  NO
- Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
- Web Site Address: \_\_\_\_\_
- Branch Office locations: \_\_\_\_\_
- Year Company was Established: \_\_\_\_\_
- Number of Employees: \_\_\_\_\_
- Are all Employees covered by W.C.B.?  YES  NO  
 If NO, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Company Structure:  Individual  Corporation  Partnership  Other \_\_\_\_\_
- Has any insurer ever cancelled, declined, or refused to renew or issue insurance of the type applied for?  YES  NO  
 If YES, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Have you ever operated under a different name?  YES  NO

**GREENWORKS INSURANCE APPLICATION**

**CONTRACTORS POLLUTION LIABILITY PACKAGE**

If YES, please provide name(s): \_\_\_\_\_

11) Have there been any claims against these entities?  YES  NO

If YES, please provide details:  
\_\_\_\_\_

12) Do you enter into formal contractual agreements with subcontractors?  YES  NO

If YES, do you require being added as an additional Insured to the sub's GL?  YES  NO

If YES, do you require being added as an additional Insured to the sub's CPL?  YES  NO

13) a) Do you require proof of insurance from sub-contractors?  YES  NO

Please list details of insurance requirements (i.e. limits, coverages):  
\_\_\_\_\_

b) Are all sub-contractors' employees covered under W.C.B or any other form of Workers' Comp.?  YES  NO

14) a) Do you always use a written contract with clients?  YES  NO

If "NO", please fully describe the terms under which work is accepted:  
\_\_\_\_\_

b) Has your standard contract with clients been approved by legal counsel?  YES  NO

c) Do you deviate from your standard contract?  YES  NO

If YES, who approves any variation on the wording and what type of changes?  
\_\_\_\_\_

15) Do you enter into formal contractual agreements with subconsultants?  YES  NO

If YES, do you require being added as an Additional Insured to the sub's E&O?  YES  NO

16) Do you require proof of insurance from sub-consultants?  YES  NO

Please list details of insurance requirements (i.e. limits, coverages):  
\_\_\_\_\_

17) Please list the industry/trade associations that you belong to:  
\_\_\_\_\_

18) Do you have a written QC/QA Program in place?  YES  NO

If NO, please explain:  
\_\_\_\_\_

19) Are you aware of any circumstances, fact, or situation that might result in a claim being made against you or any other person or entity for whom coverage is being sought?  YES  NO

If YES, please describe:  
\_\_\_\_\_

20) Do you have any locations or operations and/or plans to operate in the US or abroad?  YES  NO

21) Have there been any losses in the past 5 years with regards to the lines of coverage you are applying for?  YES  NO

If YES, please describe (date, loss amount, expenses, type of loss, general description etc.):  
\_\_\_\_\_

**GREENWORKS INSURANCE APPLICATION**  
**CONTRACTORS POLLUTION LIABILITY PACKAGE**

**SECTION B: CONTRACTING OPERATIONS**

**Operations by Revenue and Payroll (including sublet):**

<u>Environmental Contracting Operations</u>		Actual Gross <b>Revenue</b> in the past 12 months	Estimated Gross <b>Revenue</b> for the next 12 months	Projected % to be sublet
Hazardous Material Removal / Abatement Work including Emergency Clean-up	Asbestos			
	Mould			
	Other:			
Tank Installation and Servicing (not including removal of hazardous materials)				
Restoration Contracting (fire and water) including air quality related operations				
Pesticide, Fertilizer, Herbicide, Fungicide Application				
Water treatment, Recovery and related activity				
		Actual Gross <b>Payroll</b> in the past 12 months	Estimated Gross <b>Payroll</b> for the next 12 months	Projected % to be sublet
Garbage Reduction and Incineration				
Waste Collection				
Soil and Water Sampling and Testing				
<u>Non-Environmental Contracting Operations</u>		Actual Gross <b>Revenue</b> in the past 12 months	Estimated Gross <b>Revenue</b> for the next 12 months	Projected % to be sublet
Excavation				
Boiler Installation				
Highway, Street, and Road Construction				
Road Maintenance, Surfacing, and Repair (includes Driveway Construction, Surfacing, and Repair)				
Sewer, Steam Main, and Water Main Construction and Repair				
Construction including new, repair and renovation				
Landscaping				
HVAC				
Electrical				
Grading of Land (not including excavation)				
Plumbing				
Underground Cable and other utilities				
Carpentry				
Drilling water and other (excluding oil and gas)				
		Actual Gross <b>Payroll</b> in the past 12 months	Estimated Gross <b>Payroll</b> for the next 12 months	Projected % to be sublet
Wrecking or Demolition				
Fill in any other operations to be included both environmental and non-environmental. Provide brief explanation.		Actual Gross <b>Revenue</b> in the past 12 months	Estimated Gross <b>Revenue</b> for the next 12 months	Projected % to be sublet
Other:				
Other:				
<u>Consulting Operations</u>		Actual Gross Revenue in the past 12 months	Estimated Gross Revenue for the next 12 months	Projected % to be sublet

**GREENWORKS INSURANCE APPLICATION**  
**CONTRACTORS POLLUTION LIABILITY PACKAGE**

Air Quality Testing			
Hazardous Material Assessment, Remedial Design and Monitoring	Asbestos		
	Mould		
	Other:		
Health and Safety Training, OSHA Compliance			
Laboratory Analysis			
Phase I - Environmental Risk Assessments			
Phase II - Environmental Site Assessments			
Phase III - Remedial Investigation, Design & Feasibility Studies			
Regulatory Consulting- Permitting & Compliance Audits			
Tank System Design and Testing			
Waste Arranging and Brokering (do not include transportation / hauling fees)			
Building Inspector (non-residential)			
Civil Engineer			
Construction or Project Management			
Geotechnical Engineering			
Land Surveying			
Mechanical Engineering (HVAC, Plumbing, and Electrical)			
Process Engineering			
Fill in any other operations to be included both environmental and non-environmental. Provide brief explanation.	Actual Gross <b>Revenue</b> in the past 12 months	Estimated Gross <b>Revenue</b> for the next 12 months	Projected % to be sublet
Other:			
Other:			
TOTAL GROSS REVENUE:			
TOTAL GROSS PAYROLL:			

<u>Client Type</u>	% of Revenue
Industrial (water treatment plants, pipeline, processing plants etc.)	
Infrastructure (bridges, roads, landfill etc.)	
Residential (condos, apartments, homes etc.)	
Institutional (hospitals, nursing homes, schools)	
Commercial (malls, offices, hotels, warehouses, etc.)	
Others: explain	
	100%

- Do you perform any work relating to Oil and Gas Industry:  YES  NO  
 If YES, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Do you perform any work relating to Mining Industry:  YES  NO  
 If YES, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

**GREENWORKS INSURANCE APPLICATION**

**CONTRACTORS POLLUTION LIABILITY PACKAGE**

3. Do you perform work at contaminated sites:  YES  NO

If YES, please explain:

---



---



---

**For Demolition/Wrecking Operations:**

4. Are pre-blast surveys made prior to blasting operations?  YES  NO

If NO, please explain:

---

5. Do your operations include open fires onsite?  YES  NO

If YES, please explain:

---

6. Do you own a waste disposal, waste storage, or recycling facility?  YES  NO

7. Applicable to Asbestos Abatement, do you utilize a "wetting down" technique  YES  NO

**SECTION C: CONTRACTORS' POLLUTION LIABILITY**

1) Are you renewing an existing policy that is already with Premier?  YES  NO

If YES, you may skip this section or if you require some changes this year to the coverage, please describe them here:

---

2) Limit of Liability required:  \$1,000,000  \$2,000,000  \$5,000,000  Other: \$ \_\_\_\_\_

3) Deductible required:  \$2,500  \$5,000  \$10,000  \$25,000

4) Claims-made form  Occurrence form  (not all applicants will qualify for occurrence)

5) Have you ever carried Contractor's Pollution Insurance including Products & Completed Operations?  YES  NO

If YES, please provide details below:

INSURER	TERM	RETRO-DATE	LIMIT	DEDUCTIBLE	PREMIUM

6) Is your existing coverage on a claims-made basis?  YES  NO **We require proof of prior insurance for the complete period.**

7) Do you require Mould Coverage  YES  NO

If YES, please fill in supplemental, see [www.premierassurance.com](http://www.premierassurance.com) for a copy or contact your underwriter

8) Are you applying for Project Specific coverage  YES  NO

If YES, please fill in supplemental, see [www.premierassurance.com](http://www.premierassurance.com) for a copy or contact your underwriter

9) Do you required Non Owned Disposal Site Coverage  YES  NO

If YES, please complete the following:

a. Estimated number of sites utilized for waste disposal: \_\_\_\_\_

b. List locations of these sites (city/town and province): \_\_\_\_\_

c. **Are these sites licensed to accept the waste**  YES  NO

If NO, please explain:

---



---



---

**GREENWORKS INSURANCE APPLICATION**  
**CONTRACTORS POLLUTION LIABILITY PACKAGE**

**CPL SUBMISSION REQUIREMENTS:**

**A. If you report revenue in any of the following operations (not including sub-contracted):**

- Hazardous Material Removal / Abatement Work including Emergency Clean-up
- Tank Installation and Servicing (not including removal of hazardous materials)
- Pesticide, Fertilizer, Herbicide, Fungicide Application

**You Must Submit:**

1. Employee Safety and Loss Prevention Manual
2. Hazardous Waste Handle or Spill Prevention, Control and Containment Plan

**B. If you report subcontracted receipts in any of the following operations:**

- Hazardous Material Removal / Abatement Work including Emergency Clean-up
- Tank Installation and Servicing (not including removal of hazardous materials)
- Pesticide, Fertilizer, Herbicide, Fungicide Application
- Restoration Contracting (fire and water) including air quality related operations
- Water treatment, Recovery and related activity
- Garbage Reduction and Incineration
- Wrecking or Demolition
- Sewer, Steam Main, and Water Main Construction and Repair
- Underground Cable and other utilities

**You Must Submit:**

1. Copy of standard contract with sub-contractors for review
2. Confirmation that certificates of insurance are collected with the following requirements: minimum \$1,000,000 limit, additional insured status, and comparable pollution coverage.

Check box to confirm:  If NOT, please explain:

---



---



---

**SECTION D: COMMERCIAL GENERAL LIABILITY**

1) Are you renewing an existing policy that is already with Premier?  YES  NO

If YES, you may skip this section or if you require some changes this year to the coverage, please describe them here:

---

- 2) Limit of Liability required:  \$1,000,000  \$2,000,000  \$5,000,000  Other: \$ \_\_\_\_\_
- 3) Deductible required:  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000
- 4) NOA- SPF No. 6:  \$1,000,000  \$2,000,000  \$5,000,000  Other: \$ \_\_\_\_\_
- 5) Tenants' Legal Liability:  \$1,000,000  \$2,000,000  \$5,000,000  Other: \$ \_\_\_\_\_
- 6) Medical Expenses:  \$10,000/\$25,000  \$25,000/\$50,000
- 7) Employee Benefits:  \$1,000,000  \$2,000,000  \$5,000,000  Other: \$ \_\_\_\_\_
- 8) Have you ever carried CGL Insurance including Products & Completed Operations?  YES  NO

If YES, please provide details below:

INSURER	TERM	LIMIT	DEDUCTIBLE	PREMIUM

**GREENWORKS INSURANCE APPLICATION**  
**CONTRACTORS POLLUTION LIABILITY PACKAGE**

**CGL SUBMISSION REQUIREMENTS**

**A. If you report revenue in any of the following operations:**

- Hazardous Material Removal / Abatement Work including Emergency Clean-up
- Restoration Contracting (fire and water) including air quality related operations
- Wrecking or Demolition
- Sewer, Steam Main, and Water Main Construction and Repair
- Underground Cable and other utilities
- Excavation
- Highway, Street, and Road Construction
- Sewer, Steam Main, and Water Main Construction and Repair
- Underground Cable and other utilities
- HVAC
- Plumbing
- Electrical

**You Must Submit (applies to direct receipts only):**

1. Copy of Employee Health and Safety manual or loss history with the applicable Workers' Compensation boards.
2. Confirmation that employees meet industry standards for training and education. Check box to confirm:  and please describe briefly:

---

---

**You Must Submit (applies to subcontracting receipts only):**

1. Copy of standard contract with sub-contractors for review
2. Confirmation that certificates of insurance are collected with the following requirements: minimum \$1,000,000 limit and additional insured status. Check box to confirm:  If NOT, please explain:

---

---

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada.

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Printed Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

---

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---