



## ENGINEERS' POLLUTION LIABILITY ADDENDUM

### 1. GENERAL INFORMATION

1. Name of Organization or Legal Entity (Applicant firm) including any subsidiaries :

(please show complete name as you wish it to appear on the policy)

2. Please indicate the approximate percentage (%) of total fees reported in Applicant's Engineers' Professional Liability Insurance Application (including those paid to sub-consultants but not projects insured separately) derived from each of the following project types:

	Past Accounting Year (%)	Current Accounting Year (%)
A) Studies and reports (excluding soils investigation or remediation)		
1. Preparation of environmental studies and reports	_____	_____
2. Preparation of environmental permit applications	_____	_____
3. Building inspections/Audit	_____	_____
4. Air emission control systems	_____	_____
5. Preparation of manuals and other publications	_____	_____
6. Training and Education	_____	_____
7. Environmental monitoring (please describe services below)	_____	_____
B) Waste Disposal Services		
1. Waste site evaluation or selection	_____	_____
2. Design, monitoring or closure of landfills	_____	_____
C) Design or Construction Services		
1. Remedial action of contaminated buildings	_____	_____
2. Laboratory design	_____	_____
D) Services related to the evaluation, removal or replacement of underground tanks	_____	_____
E) Industrial process engineering		
1. Non petrochemical	_____	_____
2. Petrochemical	_____	_____
F) Soil investigations		
1. Underground investigations for possible contamination	_____	_____
2. Determination of extent of contaminated sites	_____	_____
3. Design of remedial action of contaminated sites	_____	_____
4. Investigations not related to waste or contamination detection	_____	_____
G. Asbestos related services (please describe services below)	_____	_____
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

3. Personnel – Please indicate the number of staff involved in environmental work:

Architects	_____	Geotechnical Engineers	_____
Civil Engineers	_____	Process Engineers	_____
Chemists and Biologists	_____	Geologists/Hydrogeologists	_____
Environmental Engineers	_____	Industrial Hygienists or Toxicologists	_____
Other (please specify)	_____		

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4. How many years has the Applicant firm provided services for the detection, monitoring, handling or disposal of hazardous substances?  
\_\_\_\_\_
5. Has the Applicant firm ever accepted or does the Applicant firm plan to accept responsibility (either directly or as an agent of the owner) for the actual clean-up, transportation, storage or disposal of a "pollutant"?  YES  NO  
If YES, please provide full details:  
\_\_\_\_\_  
\_\_\_\_\_
6. In the past year, what percentage (%) of environmental work has the Applicant firm been able to obtain client agreement for:
- |  |       |   |
|--|-------|---|
| 1. Complete Indemnification?                       | _____ | % |
| 2. Partial Indemnification?                        | _____ | % |
| 3. Limitation of Liability? (Please attach sample) | _____ | % |
7. Has any claim been made or legal action been brought for any pollution or environmental injury or damage against the Applicant firm, it's predecessors or employees?  YES  NO  
If YES, please provide full details:  
\_\_\_\_\_  
\_\_\_\_\_
8. Please indicate the percentage (%) of gross revenues resulting from environmental services provided by subcontractors: \_\_\_\_\_%

**2. NOTICE CONCERNING PERSONAL INFORMATION**

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By purchasing insurance from Beazley Canada Limited, a customer provides Beazley with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.
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For the purposes identified above, personal information may be disclosed to Beazley's related or affiliated companies and service providers.

Further information about Beazley's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

**3. WARRANTY STATEMENT**

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The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_  
(Authorized Representative)

NAME (Please Print): \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_