



Phone 1 877 814 7778

submissions.canada@beazley.com  
renewals.canada@beazley.com

info.canada@beazley.com  
www.beazley.ca

Beazley Canada Limited

550-55 University Avenue  
Toronto, Ontario M5J 2H7

Phone (416) 601 2155  
Fax (416) 601 2166

310-1130 Sherbrooke Street West  
Montreal, Quebec H3A 2M8

Phone (514) 350 4848  
Fax (514) 350 0843

500-666 Burrard Street  
Vancouver, British Columbia V6C 3P6

Phone (778) 373 4432

## BEAZLEY ECLIPSE ENVIRO COVERED LOCATION INSURANCE APPLICATION SITE ENVIRONMENTAL

NOTICE: INSURING AGREEMENTS A.1., B.1., C. AND D. OF THIS POLICY PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS AND APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE) AND REPORTED TO THE UNDERWRITERS DURING THE POLICY PERIOD OR AS OTHERWISE PROVIDED IN CLAUSE X. OF THIS POLICY. AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO RETENTIONS.

INSURING AGREEMENT 5. A.2. and B.2 OF THIS POLICY PROVIDES FIRST PARTY COVERAGE ON AN INCIDENT DISCOVERED AND REPORTED BASIS AND APPLIES ONLY TO INCIDENTS FIRST DISCOVERED BY THE INSURED AND REPORTED TO THE UNDERWRITERS DURING THE POLICY PERIOD.

### PLEASE ATTACH THE FOLLOWING (✓ if attached):

- Past two years financials including balance sheet and income statement
- Brochures and/or website address
- Five years of currently valued loss information and reports of any discharges, releases or spills that could reasonably be expected to result in claims for Damages, Claims Expenses and/or Cleanup Costs
- Most recent storage tank and line tightness/integrity testing results
- Copies of licenses and/or permits for regulated onsite operations
- Emergency Response Plans
- Copies of environmental assessment reports (e.g., Phase I/II ESAs, etc.)

### OTHER INSTRUCTIONS:

If Multiple locations, answer the question that pertains to any of the properties and attach a property schedule that lists location(s), description, use, age, acreage, # of buildings and SF under roof, etc.

Multiple Covered location(s) submission:

- a) All information required for single covered location submission
- b) Details of any due diligence process in use, to include a copy of any written procedures and or policies

Attach the following information if available:

- a) Copies of environmental assessment reports (e.g., Phase I/II ESAs, etc.)
- b) Emergency Response Plans or SPCC Plans (if any)
- c) Past two years audited financial statements

Additional Insureds:

- a) Name and address
- b) Relationship to Named Insured

If Business Interruption Coverage is desired, attach Business Interruption worksheet for each location(s)

For Mold, attach Water Intrusion, Mold Prevention and Emergency Response plan.

### 1. GENERAL INFORMATION

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

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

- 2. Address (Not P.O. Box):

\_\_\_\_\_

Website: \_\_\_\_\_

3. Firm is:  Partnership  Corporation  Joint Venture  Public  Private  LLC  REIT  REMIC  Other \_\_\_\_\_

Revenues: Estimated (Ensuing Year) 20 \_\_\_\_\_ \$ \_\_\_\_\_  
 (Previous Year) 20 \_\_\_\_\_ \$ \_\_\_\_\_

**ATTACH THE COMPANY’S MOST RECENT ANNUAL REPORT AND MARKETING BROCHURE AS WELL AS PAST TWO (2) YEARS AUDITED FINANCIAL STATEMENTS**

4. Is the Named Insured a successor to a bankrupt entity?  YES  NO  
 If YES, provide details along with the name of predecessor entity:  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. COVERAGE SPECIFICATIONS**

5. Limit of Liability (Each Pollution Condition):  
 \$ 1,000,000  \$ 2,000,000  \$3,000,000  \$ 5,000,000  \$ 10,000,000  Other: \$ \_\_\_\_\_

6. Limit of Liability (Aggregate for the Policy Period):  
 \$ 1,000,000  \$ 2,000,000  \$3,000,000  \$ 5,000,000  \$ 10,000,000  Other: \$ \_\_\_\_\_

7. Deductible (Each Pollution Condition):  
 \$ 10,000  \$25,000  \$ 50,000  \$ 100,000  Other: \$ \_\_\_\_\_

8. Covered Location(s) Description:

COVERED LOCATION(S)	INTEREST	OCCUPIED BY NAMED INSURED
<b>Name:</b>	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Partner <input type="checkbox"/> Lender	<input type="checkbox"/> YES <input type="checkbox"/> NO
Address:		
Current Use:		
Prior Use:		
Retroactive Date:		
<b>Name:</b>	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Partner <input type="checkbox"/> Lender	<input type="checkbox"/> YES <input type="checkbox"/> NO
Address:		
Current Use:		
Prior Use:		
Retroactive Date:		
<b>Name:</b>	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Partner <input type="checkbox"/> Lender	<input type="checkbox"/> YES <input type="checkbox"/> NO
Address:		
Current Use:		
Prior Use:		
Retroactive Date:		
<b>Name:</b>	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Partner <input type="checkbox"/> Lender	<input type="checkbox"/> YES <input type="checkbox"/> NO
Address:		
Current Use:		
Prior Use:		
Retroactive Date:		

9. Proposed Effective Date: \_\_\_\_\_

Policy Term:  One (1) Year  Three (3) Years  Five (5) Years  Ten (10) Years  Other \_\_\_\_\_ Years

10. Why is coverage being requested (e.g. operational exposure, transaction, financing, etc.)?  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. INFORCE POLLUTION COVERAGE**

11. List current pollution coverage provided under other policies. Whether full pollution coverage or sudden/accidental named peril coverage, provide a copy of the policy and / or endorsements:

CURRENT CARRIER	TERM (YRS)	LIMITS	DEDUCTIBLE	PREMIUM
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

12. Has any insurance company denied, cancelled or non-renewed pollutions liability coverage?  YES  NO  
 If YES, please provide details:

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**4. RECORD, COMPLIANCE HISTORY AND FUTURE SITE PLANS**

**A) RECORD:**

13. Have you ever been investigated, cited and/or prosecuted for contravention or violation of any standard or law relating to any release of pollutants?  YES  NO  
 If YES, please provide details:

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14. Have you ever had any pollution-related complaints and/or claims including, but not limited to, complaints/claims by private persons, entities, government agencies or other 3rd parties?  YES  NO  
 If YES, please provide details:

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15. Are you aware of any past or present contamination on, at, under or emanating from the location(s), or any circumstances, which may reasonably be expected to give rise to a claim or generate a request for coverage under this policy?  YES  NO  
 If YES, please provide details:

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16. Are you aware of any Natural Resource Damage or any threat to sensitive habitat or Endangered Species?  YES  NO  
 If YES, please provide details:

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**B) COMPLIANCE HISTORY:**

17. Have you received any notices of violation, fines, penalties, complaints or other enforcement actions regarding compliance with environmental laws within the past five (5) years?  YES  NO  
 If YES, please provide details:

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18. Are there any statues, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at present comply?  YES  NO  
 If YES, please provide details:

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19. Have there been any past, present or planned remediation, monitoring, or sampling to investigate potential contamination?  YES  NO  
 If YES, please provide details:

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20. Have any prior environmental studies, reports, or audits been prepared for the location(s) listed herein?  YES  NO  
 If YES, please attach copies and explain why the work was performed.

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**C) CURRENT AND FUTURE SITE PLANS:**

21. Are there any current or future plans to sell or sublease the location(s) listed herein?  YES  NO  
 If YES, please provide details:  
 \_\_\_\_\_  
 \_\_\_\_\_
22. Is there a Purchase and Sale Agreement and/or Environmental Indemnification Agreement, either draft or final, being utilized in any pending transactions?  YES  NO  
 If YES, please provide details and attach copies of Agreements:  
 \_\_\_\_\_  
 \_\_\_\_\_
23. Are there any known plans for the current or future development, improvement, betterment, demolition or plans for changes in operations at the location(s) listed herein?  YES  NO  
 If YES, please provide details:  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. DETAILED LOCATION(S) AND PROCEDURES INFORMATION**

24. Attach any environmental audits or studies that have been conducted for each location listed herein. In the table provided below, identify and list the documents in the following format: Author/Preparer; Preparing Company; Document Title; Date and note whether or not the document has been provided in its entirety (i.e., Tables, Appendices, Maps, Attachments, etc.).

AUTHOR/PREPARER	PREPARING ENTITY/COMPANY	DOCUMENT TITLE	DATE	COMPLETE OR PARTIAL DOCUMENT PROVIDED
				<input type="checkbox"/> Complete <input type="checkbox"/> Partial
				<input type="checkbox"/> Complete <input type="checkbox"/> Partial
				<input type="checkbox"/> Complete <input type="checkbox"/> Partial
				<input type="checkbox"/> Complete <input type="checkbox"/> Partial

**A) LOCATION (S) DESCRIPTION:**

25. a) Total acreage: \_\_\_\_\_  
 b) Square footage under roof: \_\_\_\_\_  
 c) What structures are currently on this location(s) (i.e. type, age, construction)?  
 \_\_\_\_\_  
 \_\_\_\_\_

TYPE	AGE	CONSTRUCTION

d) List the current occupants and operations at this location(s):

OCCUPANT	OPERATIONS	LENGTH OF TIME AT LOCATION

- e) How long have these operations been ongoing? \_\_\_\_\_
- f) Have there been any changes in operations within the past three (3) years?  YES  NO  
 If YES, please provide details:  
 \_\_\_\_\_  
 \_\_\_\_\_

g) Are there any planned changes in operations within the next three (3) years?  YES  NO  
If YES, please provide details:

\_\_\_\_\_

\_\_\_\_\_

h) How long has the location(s) been in the Applicant's control? \_\_\_\_\_

i) What types of operations have been performed at the location(s) in the past, if different than those described above, by either the Applicant or others?

\_\_\_\_\_

\_\_\_\_\_

j) How long have those other operations been performed? \_\_\_\_\_

**B) LOCATION(S) SETTING (ATTACH PLOT PLAN):**

26. a) Provide a description of adjacent land use:

North: \_\_\_\_\_  
South: \_\_\_\_\_  
East: \_\_\_\_\_  
West: \_\_\_\_\_

b) Are there any onsite or nearby surface water bodies (e.g., streams, lakes, wetlands, etc.)?  YES  NO  
If YES, please provide details:

\_\_\_\_\_

c) Are there any onsite or protected/sensitive environments in the area (e.g., parks, wildlife reserves, etc.)?  YES  NO  
If YES, please provide details:

\_\_\_\_\_

d) Are there any onsite or surface or groundwater uses in the area (e.g., drinking water wells, etc.)?  YES  NO  
If YES, please provide details:

\_\_\_\_\_

\_\_\_\_\_

e) Is public water and sewer used onsite?  YES  NO  
If NO, please identify and describe current, in-place systems:

\_\_\_\_\_

\_\_\_\_\_

f) Has a private well or septic system ever been used onsite?  YES  NO  
If YES, please provide details:

\_\_\_\_\_

\_\_\_\_\_

g) Is the location(s) located within a 100-year flood plain?  YES  NO  
If YES, do you carry flood insurance coverage?  YES  NO

h) Is the location(s) situated in an earthquake Zone 1, 2 or 3 as defined by ISO or an otherwise seismically active area?  YES  NO  
If YES, have you obtained earthquake coverage for the site(s) in question?  YES  NO

i) If the location(s) is located in an Earthquake Zone 1, 2 or 3 as defined by ISO or otherwise seismically active area, describe any special precautions or emergency response procedures used to protect onsite equipment, tankage, secondary containment, chemical/waste storage areas, etc.:

\_\_\_\_\_

\_\_\_\_\_

**C) ONSITE MATERIALS:**

27. a) Do you have any raw materials or process materials used at the location(s) (e.g., plating agents, degreasers, cleaning solvents, raw chemicals, etc.)?  YES  NO

If YES, complete the table below or attach spreadsheet documenting the equivalent:

DESCRIPTION OF MATERIAL(S)	TONS / VOLUME PER YEAR	TONS / VOLUME AT ANY ONE TIME	METHOD OF STORAGE	SECONDARY CONTAINMENT
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

b) Do all storage practices for raw materials, products and wastes meet all applicable local, state and/or federal requirements?  YES  NO

If NO, please provide explanation:

\_\_\_\_\_

\_\_\_\_\_

c) Have you ever been cited for improper handling and/or storage of raw materials, products or waste?  YES  NO  
If YES, please provide details:

\_\_\_\_\_

\_\_\_\_\_

d) Are there any materials or products which you have ceased to handle within the past five (5) years?  YES  NO  
If YES, please provide details:

\_\_\_\_\_

\_\_\_\_\_

**D) TANK STORAGE:**

28. a) Does this location(s) have any aboveground or underground storage tanks?  YES  NO  
If YES, please complete the following table:

AST or UST	CAPACITY	CONTENTS	AGE (YRS)	CONSTRUCTION	BASE	TYPE OF SECONDARY CONTAINMENT	VOUME OF SECONDARY CONTAINMENT	TIGHTNESS TEST ANNIVERSARY

b) Describe any tank inventory control and/or testing methods used and attach latest tank test results:

\_\_\_\_\_

\_\_\_\_\_

c) Are you aware of any tanks previously existing at the location(s), which have been removed or closed in place?  YES  NO  
If YES, were the tanks closed in accordance with applicable local and provincial regulations?  YES  NO

d) Have there ever been any reportable spills or releases of hazardous wastes, regulated substances or any other pollutants, as defined by applicable environmental regulations or statutes, from any of the storage tanks identified in 27 a) above, or from any other previously existing storage tanks?  YES  NO  
If YES, please provide details:

\_\_\_\_\_

\_\_\_\_\_

e) Are there any plans to upgrade, investigate, close, abandon and/or remove any storage tanks within the next three (3) years?  YES  NO

If YES, please provide details:

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**E) LOCATION(S) WASTE GENERATION, AIR EMISSIONS AND WASTEWATER DISCHARGES:**

29. a) Does the location generate, handle, store or dispose of any hazardous waste or materials?  YES  NO  
 If YES, please complete the chart below:

CONTENTS	AMOUNT PER YEAR	AMOUNT AT ANY ONE TIME	CONTAINER TYPE	SECONDARY CONTAINMENT	DISPOSAL METHOD OR SITE

- b) Is the location(s) a permitted Transfer, Storage and Disposal Facility?  YES  NO  
 If YES, is the location(s) a permitted Landfill?  YES  NO  
 If YES, please complete the following:

- aa. Active  or Inactive   
 bb. Types of waste (describe): \_\_\_\_\_  
 cc. Acreage/cells open and closed (describe): \_\_\_\_\_  
 dd. Leachate and landfill gas management (describe): \_\_\_\_\_  
 ee. Life expectancy: \_\_\_\_\_

- c) Describe treatment, storage and/or handling processes/procedures for hazardous and nonhazardous wastes:  
 \_\_\_\_\_  
 \_\_\_\_\_

- d) Identify any past storage or disposal practices at the location(s):  
 Lagoons  Landfills  Land Farming  Pits  Ponds  Other (Describe): \_\_\_\_\_

- e) Identify effluent discharge points for wastewater and stormwater and attach discharge monitoring reports:  
 \_\_\_\_\_  
 \_\_\_\_\_

DISCHARGE ID	LOCATION(S)	DISCHARGE POINT

- f) Identify air emissions (e.g. gasses, vapors, dust, etc.):

AIR EMISSIONS	VOLUME / YEAR	COLLECTION AND TREATMENT

- g) Do you have any groundwater monitoring activities at the location(s)  YES  NO  
 If YES, please attach monitoring results for the past year and a map showing well locations.

- h) Do you have Quality Control/Assurance Procedures for inspecting incoming materials and/or waste?  YES  NO  
 If YES, please attach a copy.

- i) Are there any former or current operations at the location(s) that are subject to closure/post-closure requirements as per provincial or federal regulations?  YES  NO  
 If YES, please provide copies of current Closure/Post-Closure Plans and evidence of financial responsibility.

**F) FIRE DETECTION/SUPPRESSION SYSTEMS AND PROCEDURES:**

30. a) Provide details of fire detection/suppression systems:

\_\_\_\_\_  
\_\_\_\_\_

b) Are your employees trained in fire/spill response and use of PPE?  YES  NO

c) Responding fire company:  Paid  Volunteer

d) Does the responding fire company make regular planned visits to the location(s) and are they familiar with site emergency response procedures?  YES  NO

e) Is there a plan with the fire department to control/contain run-off and fire suppression water?  YES  NO  
If YES, describe and attach plan:

\_\_\_\_\_  
\_\_\_\_\_

f) What is the distance to the nearest fire hydrant if no sprinkler system? \_\_\_\_\_

g) Has the fire company been made aware of hazardous and incompatible materials used onsite?  YES  NO

**G) VISITOR CONTROLS/SAFETY:**

31. a) Is there a procedure in place for controlling visitors while onsite and ensuring their supervision?  YES  NO  
If YES, describe:

\_\_\_\_\_  
\_\_\_\_\_

b) Are visitors informed or trained on exposures, safety evacuation routes and off-limit areas?  YES  NO

c) Are there any subcontractors routinely engaged for operations and maintenance at the location(s)?  YES  NO

**H) SITE SECURITY:**

32. Provide a detailed description of location(s) security controls (e.g., ID checks, access controls, guards, perimeter fencing, security cameras, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**I) CATASTROPHIC RELEASE/RISK MITIGATION PLANS:**

33. a) Has the location(s) developed a program to prevent catastrophic releases (e.g., risk management plan, BMPs, process safety plan, etc.)?  YES  NO

If YES, please attach copies.

b) Has the location(s) developed the following approved plans?  YES  NO  
Emergency Response Plan  YES  NO Corporate Safety and Health Plan  YES  NO

c) Does the location(s) have other emergency response plans or procedures in place?  YES  NO  
If YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_

34. Are employees trained on these emergency response plans?  YES  NO

**6. CLAIM AND CIRCUMSTANCE INFORMATION (FOR THE PURPOSE OF QUESTIONS 35. TO 40. BELOW, APPLICANT INCLUDES THE ENTITY TOGETHER WITH ANY DIRECTOR, OFFICER, PARTNER OR MANAGER THEREOF)**

35. Is the "Applicant" aware of any reportable spills, releases or discharges of any hazardous or regulated substance(s) or pollutant(s) occurring during the past five (5) years on, at, under or emanating from any location(s) for which this Application for insurance is being made?  YES  NO

If YES, describe in detail:

\_\_\_\_\_  
\_\_\_\_\_



36. Is the "Applicant" aware of any pollution or contamination on, at, under or emanating from, or adjacent to, any location(s) for which this Application for insurance is being made?  YES  NO

If YES, please describe in detail:

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37. During the past five (5) years, have there been any claims made against the "Applicant" as a result of the alleged or actual release of any hazardous or regulated substance(s) or pollutant(s) on, at, under or emanating from any location(s) for which this Application for insurance is being made?  YES  NO

If YES, please describe in detail:

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38. During the past five (5) years, has the "Applicant" been, or is currently being, prosecuted for any violation of any law or standard pertaining or relating to the threatened or actual release of any hazardous or regulated substance(s) or pollutant(s) into the environment, and/or on, at, under or emanating from any location(s) for which this Application for insurance is being made?  YES  NO

If YES, please describe in detail:

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39. Is the "Applicant" aware of any fact(s), circumstance(s), event(s) or situation(s), which could result in a claim(s) being made against it, or any other person or entity for whom coverage will be sought, arising from the threatened or actual release of any hazardous or regulated substance(s) or pollutant(s) into the environment, and/or on, at, under or emanating from any location(s) for which this Application for insurance is being made?  YES  NO

If YES, please describe in detail:

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40. Is the "Applicant" aware of or in receipt of any prior, current or pending oral, written or electronic complaint, arbitration, cause of action, claim, decree, demand, judgment, legal proceeding or litigation, which could result in a claim(s) being made against it, or any other person or entity for whom coverage will be sought, arising out of or resulting from the threatened or actual release of any hazardous or regulated substance(s) or pollutant(s) into the environment, and/or on, at, under or emanating to or from any location(s) for which this Application for insurance is being made?  YES  NO

If YES, please describe in detail:

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Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any of the matters described above, any written demand or civil proceedings for compensatory damages subsequently emanating therefrom is excluded from coverage under the proposed insurance.

**7. FALSE INFORMATION**

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Any person who, with intent to defraud or knowing that s(he) is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**8. 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.

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.

**9. WARRANTY STATEMENT**

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

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 that they will immediately report such changes to the Insurer.

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

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

DATE: \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_