

# **A.M. FREDERICKS UNDERWRITING MANAGEMENT LTD.**

## Limited Pollution Liability Insurance Questionnaire (Forming part of the Liability Survey of Hazards)

1. Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Agent/Broker \_\_\_\_\_

Proposed Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_

2. Mailing Address Including Postal Code \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_ Individual \_\_\_ Partnership Number of Years in Business \_\_\_\_\_

\_\_\_ Joint Venture \_\_\_ Organization

4. Inspection Contact Name and Phone Number \_\_\_\_\_  
\_\_\_\_\_

5.

Limits of Insurance Aggregate	Incident	Deductible Amount
\$ _____	\$ _____	\$ _____

6. Addresses and locations of Insured's Operations  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Nature of Business \_\_\_\_\_

8. Gross Annual Receipts (Except for farms – show total number of acres)

\$ \_\_\_\_\_ Acres \_\_\_\_\_

9. Are there any Government statutes, standards, or other city or provincial regulations for the protection of the environment with which you do not comply? \_\_\_ yes \_\_\_ no

If yes give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Have there been any changes in your operation during the last five years that have altered (lessened or increased) the risk of a pollution incident? \_\_\_ yes \_\_\_ no

If yes, give details: \_\_\_\_\_

11. Indicate the type of land use and occupancy in an approximate one (1) mile radius of your operation. Check as many as are applicable.

- Heavy industrial                       Light Industrial                       Commercial  
 Apartments                                       Single Family Housing                       Densely Populated  
 Moderately Populated                       Lightly Populated                       Barren or Unoccupied  
 Agricultural                                       Parks and Recreation Areas                       Other

Identify by name any body of water or water course within one (1) Mile radius of your location and indicate the approximate distance. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. List all raw materials utilized in process, all intermediate and end products

Name	Gas, Solid, Granular Or Liquid	Quantity on Hand		Type of Container	Volume of Largest Container	Underground (yes/no)	If above ground is it dyked or undyked
		Normal	Maximum				

13. Description of operations conducted by applicant

Answer yes or no to each of the following. All questions must be answered.

<b>Do You:</b>	Yes	No	
Discharge to water or land			Attach copy of permit
Discharge to a sewer system other than sanitary waste			Attach copy of permit
Discharge to air			Attach copy of permit
Operate air pollution control equipment			Attach copy of permit
Utilize solvents, degreasers, paints or other volatile organic chemicals			

Generate hazardous waste			Refer risk to PLA for inspection and rating
Store or apply pesticides, insecticides or herbicides			
Utilize compressed gases other than air			List on tank data supplement
<b>Do you have:</b>			
Underground tanks			List on tank data Supplement
Above ground tanks located outdoors			List on tank data supplement
Tanks located indoors			List on tank data supplement
Waste pits, sumps, vaults, or drains			
Incinerator			
Polychlorinated Biphenyls (PCB'S) Used or stored			List amounts, where and how stored

#### 14. Permission to Discharge to the Environment

Attach a copy of every application made on behalf of your operation to a government authority in request for a permit to emit or discharge any contaminant in any amount concentration or level in excess of that prescribed by the regulations. Also provide a copy of any documentation evidencing approval granted by a government authority related to these activities.

#### 15. Claim or Loss Experience

List and describe all pollution or environmental damage claims (including unpaid claims or complaints) which have occurred in the past five years. Include claims for which no insurance was purchased.

#### 16. Previous Events

List all events in the past five years, which in your view could have led to a pollution incident. Exclude and mentioned above.

17. Has Pollution coverage been declined in the past?                    \_\_\_ yes \_\_\_no

If yes give details \_\_\_\_\_  
\_\_\_\_\_

18. Do you have pollution liability coverage currently in effect?    \_\_\_ yes \_\_\_ no

If yes, give company name, policy number and expiry date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Tank Data Supplement

Although information is required on all tanks, no underground piping or tanks are covered by the Policy.

LOCATION \_\_\_\_\_



***I CERTIFY THAT ALL STATEMENTS MADE IN THIS QUESTIONNAIRE ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.***

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date