

**Toronto Office:** 18 King St. E., Suite 300 Toronto, ON M5C 1C4  
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

**Montreal Office:** 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8  
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

## GOLF CLUB APPLICATION FOR ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE

### CLAIMS MADE COVERAGE

Name of Applicant: (Include all Subsidiary Companies to be covered) \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Is the Applicant a:  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Inspection Contact (*Name of persons*): \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

1. DOES THE APPLICANT HAVE AN ENVIRONMENTAL SAFETY COMMITTEE OR ANY EMPLOYEES VESTED WITH SPECIFIC RESPONSIBILITY FOR ENVIRONMENTAL CONTROL?

Yes  No If Yes, describe their duties and to whom they report:

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

2. DURING THE LAST FIVE YEARS HAS THE APPLICANT OR ANYONE ELSE CONDUCTED AN ENVIRONMENTAL AUDIT OR SURVEY OF THE APPLICANT'S PREMISES OR OPERATIONS?

Yes  No Date of survey: \_\_\_\_\_ Done by: \_\_\_\_\_

Please attach a copy for underwriters.

Does the survey indicate the actual or potential existence or migration of contaminants off of or on to the sites?

Yes  No If Yes, please provide full details:

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

3. SALES: ESTIMATED (COMING YEAR): \$ \_\_\_\_\_

4. LEGAL ADDRESS OF LOCATIONS TO BE SCHEDULED: \_\_\_\_\_ NATURE OF OPERATIONS AT EACH LOCATION: \_\_\_\_\_

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

How long has the applicant occupied the above site(s)? a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_ d) \_\_\_\_\_

5. ARE ANY OF THE LOCATIONS TO BE SCHEDULED CONTAMINATED?

Yes  No If Yes, give details:

\_\_\_\_\_

6. DO ANY OF THE ABOVE LOCATIONS CONTAIN AN OPEN OR CLOSED LANDFILL?

Yes  No If Yes, a completed landfill questionnaire is required.

7. EXPOSURE TO SURROUNDING PROPERTY

Please describe the properties immediately adjacent to the location(s) to be covered.

LOCATION	NORTH	SOUTH	EAST	WEST
a)				
b)				
c)				
d)				

Please indicate proximity to any bodies of water: \_\_\_\_\_

Off-site disposal

COMPOSITION	ON-SITE STORAGE METHOD	LENGTH OF STORAGE	QTY/YR	DISPOSAL FACILITY
a)				
b)				
c)				

Transporter information: Name of waste hauler: \_\_\_\_\_ Type of refuse handled: \_\_\_\_\_

8. DOES THE APPLICANT HAVE AN INTEGRATED PEST MANAGEMENT (IPM) SYSTEM IN PLACE?

Yes  No If Yes, please describe, indicate individuals responsible and provide copy of applicators license:

---

9. INDICATE QUANTITIES OF PESTICIDES, HERBICIDES STORED AND HOW.

Quantity \_\_\_\_\_ Method of storage \_\_\_\_\_

Is applicant subject to AWSA/CPIC protocols?  Yes  No

10. DOES THE APPLICANT MAINTAIN A FLEET OF CARTS?  Yes  No

If Yes, are they:  Gas  Electric  Combination Please describe battery charging and management program:

---



---

Please describe fuelling and fuel storage regime and complete tank schedule

---

11. DOES THE APPLICANT MAINTAIN A GARAGE FACILITY FOR MAINTAINING THEIR VEHICLES?

Yes  No Location no: \_\_\_\_\_

12. ARE THERE ANY STATUTES, STANDARDS, OR OTHER CITY, PROVINCIAL AND FEDERAL REGULATIONS RELATING TO THE PROTECTION OF THE ENVIRONMENT WHICH APPLY TO ANY LOCATION WITH WHICH THE APPLICANT CANNOT AT PRESENT COMPLY?

Yes  No If Yes, give details:

---



---

13. DETAILS OF AUTOMOBILE EXPOSURE (attach separate sheet or fleet schedule if necessary)

NO.	TYPE OF VEHICLE	ATTACHED EQUIPMENT	RADIUS OF OPERATIONS	ANY TRAVEL IN U.S.A.
				<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

Is/are the policy(s) subject to an attached machinery exclusion(s)?  Yes  No

Does the applicant fuel their fleet from on site fuel tanks?  Yes  No Location No \_\_\_\_\_

14. DO ANY OF THE SCHEDULED LOCATIONS HAVE:

Underground Tanks  Yes  No Aboveground storage tanks:  Yes  No

TANK DATA (attach separate tank supplement if necessary)							
LOCATION NO.	AGT OR UGT	CONSTRUCTION STEEL, FIBREGLASS OR OTHER	CAPACITY	YEAR INSTALLED	CATHODIC PROTECTION	LEAK DETECTION	DOUBLE LINED
					<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are any of these tanks known to be leaking?  Yes  No If Yes, please provide full details:

---

Please indicate method of inventory control:

---

Are any of the tanks scheduled for replacement or removal within the next 12 months?

Yes  No If Yes, please provide full details: \_\_\_\_\_

15. DURING THE LAST 5 YEARS, HAS THE APPLICANT BEEN PROSECUTED FOR CONTRAVENTION OF ANY STANDARD OR LAW RELATING TO THE RELEASE OF A SUBSTANCE INTO SEWERS, RIVERS, SEA, AIR OR ONTO LAND FROM A LISTED LOCATION?

Yes  No If Yes, please give details:

---



---

16. DURING THE LAST 5 YEARS, HAS THE APPLICANT BEEN PROSECUTED, FINED, PENALIZED OR CLAIMED AGAINST FOR THE RELEASE OR ESCAPE OF A CONTAMINANT ONTO A THIRD PARTY SITE NOT OWNED IN WHOLE OR PART BY THE APPLICANT?

Yes  No If Yes, please give details:

---



---

17. PLEASE DESCRIBE ANY POLLUTION CLAIMS DURING THE LAST 5 YEARS

(If none, please so state): \_\_\_\_\_

Attach separate sheet as necessary – indicate total amounts paid and outstanding including expenses.

YEAR	DESCRIPTION	PAID	OUTSTANDING	EXPENSES	STATUS
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

18. AT THE TIME OF SIGNING THIS APPLICATION, IS THE APPLICANT AWARE OF ANY CIRCUMSTANCES WHICH MAY REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM UNDER THIS POLICY?

Yes    No   If Yes, please give details:

---



---

19. LIMIT REQUESTED:                    \$ \_\_\_\_\_  
 SELF INSURED RETENTION:        \$ \_\_\_\_\_

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. IT IS AGREED THAT THIS FORM TOGETHER WITH ANY ENVIRONMENTAL SITE ASSESSMENTS AND SUPPLEMENTAL INFORMATION ARE MATERIAL TO THE UNDERWRITER AND SHALL BE RELIED UPON FOR THE PURPOSES OF QUOTING COVERAGE AND SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

Signature of Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

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

BROKER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NO: \_\_\_\_\_

FAX NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



**Toronto Office:** 18 King St. E., Suite 300 Toronto, ON M5C 1C4  
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | [www.suminsurance.ca](http://www.suminsurance.ca)

**Montreal Office:** 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8  
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | [www.assurancesum.ca](http://www.assurancesum.ca)