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## SCHOOLS, COLLEGES AND UNIVERSITIES APPLICATION FOR ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE

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### CLAIMS MADE COVERAGE

Name of Applicant: \_\_\_\_\_

Is the Applicant a:  Primary School     Secondary School     Residential School  
 Vocational School     College     University    Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Inspection Contact (*Name of person(s)*): \_\_\_\_\_ Position: \_\_\_\_\_

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

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

Yes     No    If Yes, please describe their duties and to whom they report. \_\_\_\_\_  
\_\_\_\_\_

2. DURING THE LAST 5 YEARS HAS THE APPLICANT OR A THIRD PARTY CONDUCTED AN ENVIRONMENTAL ASSESSMENT OR SURVEY?

Yes     No    If Yes, please provide copy of any recommendations made and confirm they have been complied with.  
If otherwise, please explain: \_\_\_\_\_  
\_\_\_\_\_

3. PLEASE COMPLETE THE FOLLOWING CHART FOR EACH LOCATION:

ADDRESS	OPERATIONS	YEARS OCCUPIED	NUMBER OF STUDENTS	NUMBER OF FACULTY	NUMBER OF OTHER STAFF	GROSS OPERATING BUDGET
a)			_____ Full Time _____ Part Time	_____ Full Time _____ Part Time	_____ Full Time _____ Part Time	\$ _____
b)			_____ Full Time _____ Part Time	_____ Full Time _____ Part Time	_____ Full Time _____ Part Time	\$ _____
c)			_____ Full Time _____ Part Time	_____ Full Time _____ Part Time	_____ Full Time _____ Part Time	\$ _____
d)			_____ Full Time _____ Part Time	_____ Full Time _____ Part Time	_____ Full Time _____ Part Time	\$ _____
e)			_____ Full Time _____ Part Time	_____ Full Time _____ Part Time	_____ Full Time _____ Part Time	\$ _____
f)			_____ Full Time _____ Part Time	_____ Full Time _____ Part Time	_____ Full Time _____ Part Time	\$ _____

4. HAS THERE BEEN ANY CHANGE IN OPERATIONS DURING THE LAST YEAR THAT HAS EITHER DECREASED OR INCREASED THE RISK OF A POLLUTION EVENT?

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

5. ARE THERE ANY STATUTES, STANDARDS, OR PROVINCIAL REGULATIONS RELATING TO THE PROTECTION OF THE ENVIRONMENT WHICH APPLY TO ANY OPERATIONS WITH WHICH THE APPLICANT CANNOT AT PRESENT COMPLY?

Yes  No If Yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

6. DOES THE APPLICANT RUN AGRICULTURAL/HORTICULTURAL FACILITIES OR RESEARCH CENTERS, FEEDLOTS?

Yes  No If Yes, please describe: \_\_\_\_\_

7. DOES THE APPLICANT USE HERBICIDES AND/OR INSECTICIDES?

Yes  No If yes, please advise types of chemicals and how applied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. DOES THE APPLICANT STORE CHEMICALS, FUELS, OR OTHER MATERIALS, THE RELEASE OF WHICH COULD RESULT IN ENVIRONMENTAL DAMAGE?

Yes  No If Yes, complete the following (except for underground tanks for which the attached supplement must be completed):

TYPE OF CHEMICAL OR FUEL	METHOD OF STORAGE	PROTECTION & INVENTORY CONTROL

9. DOES THE APPLICANT HAVE DIRECT CONTROL OR ELECTRICAL EQUIPMENT CONTAINING POLYCHLORINATED BIPHENOLS (PCBS) OR STORE ANY PCB CONTAMINATED MATERIALS?

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

\_\_\_\_\_

10. DOES THE APPLICANT OPERATE OR HAVE RESPONSIBILITY FOR ANY FACILITY WHICH HANDLES OR DISPOSES OF ANY TOXIC, HAZARDOUS, RADIOACTIVE OR PATHOGENIC WASTE?

Yes  No If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. DOES THE APPLICANT OWN, OPERATE OR HAVE RESPONSIBILITY FOR ANY INCINERATORS OR FACILITIES, THE OPERATION OF WHICH, INVOLVES DISCHARGE TO THE ATMOSPHERE?

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

\_\_\_\_\_

\_\_\_\_\_

12. ARE ANY OF THE COVERED LOCATIONS KNOWN TO CONTAIN MOULD OR ASBESTOS CONTAINING MATERIALS?

Yes  No If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**13. MATERIALS HANDLING:**

Please list the raw materials used at the Covered Locations indicated in question 3:

RAW MATERIAL DESCRIPTION	TOTAL AMOUNT USED PER YEAR	MAXIMUM AMOUNT USED AT ANY ONE TIME	METHOD OF STORAGE

**14. SOLID AND SEMI-SOLID WASTE DISPOSAL:**

Please indicate what disposal is done on-site at any of the Covered Locations (septic systems/ lagoons, recycling center, landfill, surface impoundment, deep well injection, other):

COMPOSITION OF WASTE	QUANTITY DISPOSED ON-SITE PER YEAR	DISPOSAL METHOD

**15. OFF SITE DISPOSAL:**

What disposal is done off-site (away from any of the Covered Locations)?

COMPOSITION OF WASTE	ON-SITE STORAGE METHOD (PRIOR TO TRANSPORTING TO OFF-SITE PREMISES)	LENGTH OF STORAGE AT COVERED LOCATION	QUANTITY PER YEAR	DISPOSAL FACILITY NAME AND LOCATION

**16. TRANSPORTATION INFORMATION:**

NAME OF WASTE HANDLER	TYPE OF WASTE HANDLED	IS ANY WASTE TRANSPORTED TO THE UNITED STATES?

17. DOES THE APPLICANT REQUIRE ENVIRONMENTAL IMPAIRMENT LIABILITY COVERAGE FOR ANY OFF-PREMISES OPERATIONAL EXPOSURES?

Yes  No If Yes, please provide a description of the Applicant's off-premises operations as well as the anticipated annual receipts: \_\_\_\_\_

18. HAS ANY INSURANCE COMPANY DENIED, CANCELLED OR NON-RENEWED ENVIRONMENTAL IMPAIRMENT LIABILITY COVERAGE TO THE APPLICANT?

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

19 HAS THE APPLICANT HAD ANY POLLUTION CLAIMS DURING THE PAST 5 YEARS?

Yes  No If Yes, give details (attach separate sheet if necessary):

YEAR	CAUSE	PAID	EXPENSE	OUTSTANDING	TOTAL INCOME
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

20. 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 COVERAGE?

Yes  No If Yes, please explain: \_\_\_\_\_

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

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

22. ARE ANY OF THE COVERED LOCATIONS CONTAMINATED?

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

23. WHAT LIMIT OF LIABILITY IS REQUIRED?

1,000,000  2,000,000  3,000,000  4,000,000  5,000,000  
 What Self Insured retention is desired?  5,000  10,000  25,000  Other \_\_\_\_\_

**UNDERGROUND TANKS:**

Please note that to qualify for coverage of the underground tank exposures, you must complete the Tank Supplement attached.

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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: \_\_\_\_\_



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**TANK SUPPLEMENT** (Please complete separate supplement for each scheduled location)

	1	2	3	4	5
Tank #					
Underground (UST)/Aboveground (AST)					
Install Date Year					
Capacity (Gallons)					
Contents					
Tank Construction Double walled (DW)/ Single walled (SW)					
Tank Construction Material					
Overfill/Spill Protection					
Tank Leak Detection					
AST Diking & Base Construction					
Piping Construction Double walled (DW)/ Single walled (SW)					
Piping Construction Material					
Piping Leak Detection					

CONTENTS	TANK CONSTRUCTION/ MATERIAL	OVERFILL/SPILL PROTECTION	AST DIKING & BASE CONSTRUCTION
<b>UG.</b> Unleaded Gasoline	<b>S.</b> Steel	<b>BC.</b> Ball Check Valve	<b>K.</b> Concrete, Synthetic Material clays
<b>EG.</b> Gasohol	<b>F.</b> Fiberglass	<b>SC.</b> Spill Containment Bucket	<b>Z.</b> Dirt/Earth
<b>D.</b> Diesel	<b>FRP.</b> FRP Clad Steel	<b>SO.</b> Flow Shut-off	<b>NO.</b> None
<b>K.</b> Kerosene	<b>C.</b> Concrete	<b>TT.</b> Tight Fill	
<b>WO.</b> Waste Oil/ Used Oil	<b>PE.</b> Polyethylene	<b>AL.</b> Level Gauges, High Level Alarms	<b>PIPING CONSTRUCTION/MATERIAL</b>
<b>FO.</b> Fuel Oil	<b>CPSA.</b> Cathodic Protection Sacrificial Anode	<b>OT.</b> Other TSSA/EPA/Other Approved Protection Method	<b>S.</b> Steel
<b>G.</b> Generic Gasoline	<b>CPIC.</b> Cathodic Protection Impressed Current	<b>NO.</b> None	<b>FBR.</b> Fiberglass
<b>AM.</b> Ammonia compound	<b>DWDM.</b> Double Walled (DW) Dual Material	<b>TANK LEAK DETECTION</b>	<b>SM.</b> Approved Synthetic Material
<b>CL.</b> Chlorine compound	<b>DWSL.</b> (DW) Synthetic Liner in Tank Construction	<b>GMW.</b> Groundwater Monitoring Wells	<b>EPC.</b> External Protective Coating impressed current
<b>HAZ.</b> Haz. Substance (CERCLA)	<b>DW.</b> (DW) Pipeless UST with Secondary Containment	<b>IM.</b> Interstitial Monitoring	
<b>V.</b> Grades 5&6 bunker 'C' oils		<b>VIS.</b> Visual Inspections of	<b>PIPING LEAK DETECTION</b>
<b>W.</b> Petroleum-base additive		<b>OTHER.</b> Other TSSA/EPA/Other Approved	<b>G.</b> Electronic Line Leak Detector with Flow Shutoff
<b>X.</b> Misc. petroleum-base		<b>INTS.</b> Interstitial Space- Double Walled Tank	<b>J.</b> Interstitial Monitoring - Piping Filter
<b>Z.</b> Other, Identify		<b>MAN.</b> Manual Tank Gauging – UST	<b>EM.</b> External Monitoring
		<b>STAT.</b> Statistical Inventory Reconciliation (SIR)(USTs)	<b>H.</b> Mechanical Line Leak Detector
		<b>AUTOTG.</b> Automatic Tank Gauging System (USTs)	<b>K.</b> Interstitial Monitoring of double wall piping
		<b>IMAST.</b> Interstitial Monitoring of AST Tank Bottom	<b>V.</b> Suction Pump Check Valve
		<b>TT.</b> Annual Tightness Test with Inventory (USTs)	<b>NO.</b> None