

**Toronto Office:** 18 King St. E., Suite 300 Toronto, ON M5C 1C4  
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## SERVICE STATIONS, DEALERS, GAS BARS, MARINAS APPLICATION ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE

### CLAIMS MADE COVERAGE

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

Operating name: \_\_\_\_\_

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

Is the Applicant a:  Individual  Partnership  Corporation  Other \_\_\_\_\_

Operated by:  Applicant  Lessee  Franchisee  Employee

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

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

#### 1. BUSINESS/OCCUPATION:

Service station  Repair garage  Car wash  Gas bar  Convenience store  
 Auto dealer  Auto storage/ parking  Marina  Other \_\_\_\_\_

#### 2. PLEASE FILL OUT THE INFORMATION FOR EACH LOCATION (Attach separate schedule if necessary):

LEGAL ADDRESS LOCATIONS TO BE SCHEDULED	LEASED	OWNED	NATURE OF OPERATIONS AT EACH LOCATION
a)	<input type="checkbox"/>	<input type="checkbox"/>	
b)	<input type="checkbox"/>	<input type="checkbox"/>	
c)	<input type="checkbox"/>	<input type="checkbox"/>	
d)	<input type="checkbox"/>	<input type="checkbox"/>	

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

3. EXPOSURE TO SURROUNDING PROPERTY:

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

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

ii) Are groundwater monitoring wells on site?  Yes  No If Yes, please give details:

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4. ARE TANKS OWNED OR LEASED?

Owned  Leased (Provide a copy of the leasing agreement. )

5. HAS THERE EVER BEEN OR ARE THERE CURRENTLY ABANDONED OR UNUSED TANKS AT ANY OF THE SITES?

Yes  No If Yes, please complete the following information:

LOCATION	AGE	CAPACITY	CONSTRUCTION	PRODUCT STORED	DATE ABANDONED	SCHEDULED TO BE REMOVED	TANKS FILLED WITH DIRT, SAND OR CONCRETE	FILL PIPES AND VENTS CAPPED OR REMOVED

6. 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:

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7. DURING THE LAST FIVE YEARS HAS THE APPLICANT OR ANYONE ELSE CONDUCTED AN ENVIRONMENTAL AUDIT, SURVEY OR TANK TESTS OF THE PREMISES, OPERATIONS OR TANKS?

Yes  No If Yes, please indicate: Date of survey: \_\_\_\_\_  
 Done by: \_\_\_\_\_  
 Attach copies of surveys or tank tests .

8. DOES THE APPLICANT COMPLY WITH ALL MUNICIPAL, PROVINCIAL AND FEDERAL STATUES, REGULATIONS OR STANDARDS?

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

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

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

10. HAS COVERAGE BEEN DECLINED, SUSPENDED OR CANCELLED IN THE PAST?

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

11. DOES THE APPLICANT NOW HAVE ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE?

Yes  No If Yes, did it provide coverage for  On Site  Off site  Both

Please provide the following details:

POLICY TERM	CARRIER	CLAIMS MADE OR OCCURRENCE	LIMIT	DEDUCTIBLE OR SIR	PREMIUM	RETROACTIVE DATE

12. MARINA OPERATIONS:

Location \_\_\_\_\_

a) What is the distance to the nearest recreational swimming area on this body of water?

- None known     500 metres or less     Over 500 metres

b) Does the Marina operate year round?                       Yes     No

c) Does the facility have piping that extends underwater?                       Yes     No

d) Does the facility have piping that extends over the water including along bulkheads, docks or floating docks?     Yes     No

If Yes, does the facility have a shut-off valve located over land that will stop the flow of product?                       Yes     No

Please describe the placement of the shut-off valve and how it works: \_\_\_\_\_

\_\_\_\_\_

e) Do all above ground storage tanks have secondary containment via double-walled tank or impermeable dike?

- Yes     No     N/A

f) Are all underground storage tanks double-walled?     Yes     No

g) Is all underground storage tank piping double-walled? \_\_\_\_\_  Yes     No

If no, is all piping above ground?                       Yes     No

h) Type of leak detection system on underground storage tank systems:

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

i) Type of leak detection system on above ground storage tank systems:

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

j) List all products contained in tanks for which coverage is requested:

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

k) Are all dispensers protected from impact by vehicles and watercraft?                       Yes     No

Please provide details:

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

l) Is a written Spill Prevention, Control and Containment (SPCC) Plan in place?     Yes     No

m) Please attach a site diagram.

13. PLEASE DESCRIBE ANY POLLUTION CLAIMS OR INCIDENTS DURING THE LAST 5 YEARS

(If none, please so state):

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

Yes  No If Yes, please provide full details:

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15. HAVE ANY OF THE LOCATIONS TO BE SCHEDULED EVER BEEN CONTAMINATED OR ARE ANY CURRENTLY CONTAMINATED?

Yes  No If Yes, please give details:

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16. ON SITE LIMIT REQUIRED: \$ \_\_\_\_\_

Self insured retention for on site: \$ \_\_\_\_\_

Off site limit required: \$ \_\_\_\_\_

Self insured retention for off site: \$ \_\_\_\_\_

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		PIPING CONSTRUCTION/MATERIAL	
<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	TANK LEAK DETECTION		<b>SM.</b> Approved Synthetic Material	
<b>CL.</b> Chlorine compound	<b>DWSL.</b> (DW) Synthetic Liner in Tank Construction	<b>GMW.</b> Groundwater MonitoringWells	<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	PIPING LEAK DETECTION		
<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		