

Toronto Office: 18 King St. E., Suite 903 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: _____

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: _____

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): _____

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: _____

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

Yes No If Yes, please give details: _____

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