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Application

Environmental Cleanup and Liability Insurance for Premises Health Care Facility/Hospital

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____
 Name of Broker Contact: _____
 Brokerage Address: _____ City: _____ Postal Code: _____
 For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

1. Name of Applicant: _____
2. Applicant's Address: _____
3. Named Applicant is: Partnership Corporation Joint Venture Other (specify): _____
4. (a) Covered Locations:

Municipal Address	Describe the Applicant's Operations at This Location	Year the Applicant Began to Occupy This Location	Total Number of Beds

(b) Do any of the Covered Locations have above ground or underground storage tanks? YES NO

If yes, please complete the Supplementary Questionnaire for Storage Tanks (see www.victorinsurance.ca).

(c) Gross operating budget for all Covered Locations combined: \$ _____

(d) Do any of the Covered Locations have incinerators? YES NO

If yes, please provide: (i) Age of the incinerators: _____

(ii) List the materials incinerated: _____

(e) Are any capital improvements planned at any of the Covered Locations? YES NO

If yes, please provide details: _____

(f) Please describe the past uses of the Covered Locations as follows (if no other previous uses, please indicate none):

Municipal Address	Past Uses of This Location

5. Please describe processes at any of the Covered Locations to recycle, re-use or separate materials from process waste:

6. Have there been any changes in processes at any of the Applicant's Covered Locations during the past five years that have lessened or increased the risk of a pollution incident? YES NO

If yes, please provide details: _____

7. Off-site Disposal (disposal away from any of the Covered Locations):

Composition of Waste	On-site Storage Method (prior to transporting to off-site premises)	Length of Storage on Our Covered Location	Quantity Per Year	Disposal Facility Name and Location

8. Does the Applicant transport any of the above listed waste materials to the disposal facilities (if transport is subbed out, the answer is NO)? YES NO

9. Third Party Exposures

Please describe the properties immediately adjacent to the Covered Locations:

(a) Covered Location Address (please provide answers for each Covered Location):

(b) Description of property immediately adjacent to the North of the Covered Location:

(c) Description of property immediately adjacent to the South of the Covered Location:

(d) Description of property immediately adjacent to the East of the Covered Location:

(e) Description of property immediately adjacent to the West of the Covered Location:

10. Inspections/Risk Management of Covered Locations

(a) Inspection contact (please provide the name and telephone number of the inspection contact for each Covered Location): _____

(b) During the last five years, has the Applicant or a third party conducted an environmental audit or survey of the Applicant's Covered Locations or operations? YES NO

If yes, date of survey: _____ Completed by: _____

If yes, is a copy of the survey available to Victor? YES NO

(c) Does the Applicant have an Environmental Safety Committee or any employees vested with specific responsibility for environmental control? YES NO

If yes, please describe their duties and to whom they report: _____

(d) Are there any statutes, standards, or other city, provincial or 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, please provide details: _____

11. Claims History

(a) Has the Applicant during the last five years 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: _____

(b) Has the Applicant had any pollution claims during the last five years? YES NO

If yes, please provide details: _____

(c) Is the Applicant aware of any fact, circumstance or situation which could result in a claim being made against the Applicant or any other person/entity for whom coverage is being sought? YES NO

If yes, please provide details: _____

(d) Are any of the Covered Locations contaminated? YES NO

If yes, please provide details: _____

12. In-force and Upcoming Environmental Coverage

(Only complete this section if this is a new business Applicant to Victor.)

(a) Please confirm if the Applicant currently has environmental coverage on a gradual basis or sudden and accidental basis:

Current Environmental Insurance Carrier	Period of Coverage and Type of Coverage (G = Gradual, S&A = Sudden and Accidental)	Policy Limit (also indicate any sublimits)	Deductible	Premium
	Period: _____ Type of coverage: _____			

- (b) Please select the level of coverage required: Gradual Pollution Conditions
 Sudden Pollution Events only
(120 hours detection and reporting)
 Sudden Pollution Events only
(240 hours detection and reporting)

(c) 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: _____

(Please note that, if accepted, coverage for off-premises operational exposures will be provided by a separate contractor's pollution policy.)

(d) Has any insurance company denied, cancelled or non-renewed environmental impairment liability coverage to the Applicant? YES NO

If yes, please provide details: _____

(e) What are the limits and deductible required for the upcoming policy term?

Limits required:

- \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$5,000,000/\$5,000,000
 \$1,000,000/\$2,000,000 \$2,000,000/\$2,000,000 Other: _____

Deductible required:

- \$5,000 \$10,000 \$25,000 \$50,000 \$100,000

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. ("Victor") for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor's privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

DECLARATIONS AND SIGNATURE

The undersigned declares that the above statements are accurate and complete and acknowledges the undersigned's understanding that the Insurers are relying upon the statements in issuance of any quotation, binder or policy related to this application. Should a policy be issued, this Application and its attachments shall form part of the policy. The undersigned agrees that if information supplied in this Application changes between the date of this Application and the effective date of the policy, the undersigned will provide written notice of such changes immediately to Victor and Victor may withdraw or modify any outstanding quotations or agreement to bind coverage.

Name of Applicant (please print): _____

Signature of Applicant: _____

Date: _____