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Application

Environmental Cleanup and Liability Insurance for Premises Landfills

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): _____

Please complete one application per landfill site requiring coverage.

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

Municipal Address of Landfill	Size of Landfill	Year the Applicant Began to Occupy This Location	Leased or Owned Facility

- (b) Is the Applicant the owner or operator of the landfill? Owner Operator
- (c) If the Applicant is the operator only, please list the owner's name: _____
- (d) Please list the previous owner's name: _____
- (e) Does the Covered Location have above ground or underground storage tanks? YES NO

If yes, please complete the supplementary questionnaire for storage tanks (see www.victorinsurance.ca). If the sole pollution exposure for the Applicant arises from tank exposures, please ask your insurance broker about Victor's Tank Program.

5. Permeability: Indicate if landfill is on: Sand Rock Clay
6. Please provide comments on aquifers or any groundwater, etc.: _____

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

If yes, please provide details: _____

8. (a) What date did the site first become used as a landfill: _____

- (b) Prior to the date above, was the site previously used for waste disposal? YES NO

If yes, please explain: _____

9. Revenues/Gross Operating Budget

- (a) Who funds the operation of the landfill: _____

- (b) Estimated revenue (coming year) (if the landfill is publicly owned and operated, please indicate the gross operating budget): _____

- (c) Revenue (or gross operating budget for publicly owned facilities) for last five years:

Year					
Revenue					

10. Third Party Exposures

Please describe the properties immediately adjacent to the Covered Location:

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

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

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

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

- (e) Is the Covered Location adjacent to another open or closed waste disposal site? YES NO

- (f) Please indicate the distance from any lake, river or other body of water: _____

- (g) Please indicate the distance of the nearest residence to the route of trucks that deliver to the landfill:

11. Inspections/Environmental Risk Management of Covered Location

- (a) Inspection contact (please provide the name and telephone number of the inspection contact): _____

- (b) During the last 10 years, has the Applicant or a third party conducted an environmental audit or survey of the Applicant's Covered Location or operations? YES NO

If yes, please indicate: Date survey completed: _____

Survey completed by: _____

Please provide a copy of the survey.

- (c) Does the Applicant have an up-to-date “Landfill Operations Manual”? YES NO
 If yes, is it followed? YES NO
- (d) If a “Landfill Operations Manual” exists, does it conform to federal/provincial/municipal legislation or regulations? YES NO
 If yes, please describe their duties and to whom they report: _____

- (e) Are there groundwater monitoring wells located at the landfill? YES NO
 If yes, does the monitoring program include testing for “organics”? YES NO
- (f) Is there a leachate collection and detection system on the site? YES NO
- (g) Have any clay liners or plastic membranes been installed at the site? YES NO
 If yes, please indicate: Thickness: _____
 Location: _____
- (h) Please identify any recommendations made by a surveyor or by a government or engineering authority that remain outstanding:

- (i) 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: _____

12. 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
- (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) Do you have any information that would indicate that a contaminated plume is in contact with groundwater or that leachate migration conditions exist at or on the site? YES NO
 If yes, please provide full details: _____

- (e) Have there been any complaints, disputes or hearings during the past five years in connection with the presence of the landfill? YES NO
 If yes, please provide full details: _____

(f) Has any leachate been detected in wells on adjacent property? YES NO

If yes, please provide full details: _____

13. 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: _____