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# Renewal Application

## Environmental Cleanup and Liability Insurance for Storage Tanks

**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): \_\_\_\_\_

- Note:**
1. **This application is for the locations and tanks listed on the most recent Storage Tank System Schedule attached to the expiring policy. Please compare this information with your records and advise of any discrepancies.**
  2. **All questions must be completed in their entirety.**
  3. **Completion of this form does not bind coverage.**
  4. **Underground storage tank systems over 15 years of age: please provide leak detection records for the past three months.**

1. Name of Applicant: \_\_\_\_\_  
 \_\_\_\_\_

2. Applicant's Address: \_\_\_\_\_  
 \_\_\_\_\_

3. Number of tanks to be covered: Underground \_\_\_\_\_ Above ground \_\_\_\_\_

4. Is the Storage Tank System and Location, shown in the Storage Tank System Schedule attached to the expiring policy, correct and complete? YES  NO

If no, please identify the changes required: \_\_\_\_\_  
 \_\_\_\_\_

5. Have any repairs or upgrades been performed within the most recent policy term at any of the listed facilities? YES  NO

If yes, please specify which tanks were affected on the attached Storage Tank System Schedule and explain why this occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_

6. With respect to all underground storage tank systems listed in the Storage Tank System Schedule, please confirm that an approved leak detection system remains in use and is functional. (The approved leak detection systems are: interstitial monitoring, automatic tank gauging, vapour/ground water monitoring wells or statistical inventory reconciliation by a third party provider.) YES  NO

If the approved leak detection system is no longer in use or no longer functional, please explain why: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Were any tanks removed or closed within the most recent policy term at any of the listed facilities? YES  NO

If yes, please specify which tanks were affected on the attached Storage Tank System Schedule and explain why this occurred:

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8. Do any plans exist to remove or replace any tanks within the next 12 months? YES  NO

If yes, please list when and why the removal or replacement is to occur: \_\_\_\_\_

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9. Has ownership of any tanks or parcels on which any tanks are located changed within the most recent policy term? YES  NO

If yes, please describe the change and note which locations are affected on the attached Storage Tank System Schedule:

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10. During the past five years, has the Applicant experienced any reportable releases or spills of regulated substances, hazardous waste or any other pollutants, as defined by applicable environmental laws or regulations? YES  NO

If yes, please provide details: \_\_\_\_\_

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11. Is there a history of leaks or releases at any of the facilities, not already stated herein? YES  NO

If yes, please provide details: \_\_\_\_\_

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12. During the past five years up to the date of this application, has the Applicant or any employee been charged in relation to a contravention of any standard or law relating to the release or threatened release from the location of a regulated substance, hazardous waste or any other pollutant? YES  NO

If yes, please provide details: \_\_\_\_\_

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13. List all claims made or orders issued against the Applicant including employees during the past five years for cleanup, or response action, or bodily injury or property damage, resulting from the release of regulated substances, hazardous waste or any other pollutants, from this location or other locations owned or operated by the Applicant into the environment. Please provide a brief description of each such claim/order and its outcome. NONE

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14. Is the Applicant aware of any facts or circumstances which could reasonably be expected to result in a claim(s) or order being asserted against the Applicant or any employee company for environmental cleanup or response, or for bodily injury or property damage arising from the release of pollutants into the environment? YES  NO

If yes, please provide details: \_\_\_\_\_

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15. 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: \_\_\_\_\_

*\*Higher limits are recommended if both underground and above ground tanks exist.*

16. 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**

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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](mailto:privacypolicyinquiries@victorinsurance.com).

**DECLARATIONS AND SIGNATURE**

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The undersigned declares that the above statements are accurate and complete and acknowledges its 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: \_\_\_\_\_