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| **Z Choice Pollution Liability and** **Real Estate Environmental LiabilityApplication** |  |

**THIS APPLICATION IS FOR A POLICY PROVIDING COVERAGE ON A DISCOVERY AND/OR CLAIMS MADE AND REPORTED BASIS DEPENDING UPON THE COVERAGE LISTED AS PROVIDED IN THE DECLARATIONS. WHERE LEGALLY PERMISSIBLE, PAYMENT OF DEFENSE COSTS ERODES THE LIMITS OF LIABILITY.**

Zurich Insurance Company Ltd,

First Canadian Place,

100 King Street West, Suite 5400

P.O. Box 290

Toronto ON M5X 1C9

**Instructions**

1. All questions must be answered, and you must provide all data requested in the instructions below, if applicable. If space is insufficient, attach additional sheets of paper.

2. Sections III and IV of the application must be completed for each location.

3. As applicable, please attach the following:

a. Loss information or reports of any discharges, releases or spills that could reasonably be expected to result in a loss or claim.

b. Emergency response or spill contingency plans (if any).

c. Details of any due diligence processes in use when acquiring new locations or properties, to include a copy of any written procedures and/or policies.

4. As applicable, please attach the following:

a. Copies of all Environmental Site Assessment reports (including but not limited to all federal, provincial and territorial environmental site assessment report requirements); and

b. all federal, provincial and territorial regulatory correspondence and documentation related to environmental site requirements and assessments

relevant to the locations for which coverage is being sought.

5. As applicable, please attach the following:

A list of environmental insurance policies for the past five (5) years relevant to the locations for which this coverage is being sought, including the dates of issuance, identification of the insurer, applicable retroactive dates (if any), and limits of liability.

6. Please attach the latest year-end audited financial statements if requesting a deductible of $100,000 or greater.

7. Please provide a list of additional insured entities and/or additional named insured entities, and describe their relationship to the Applicant.

8. Please provide a copy of the entity’s most recent organizational chart or a diagram of the corporate structure.

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| **I.** | **General Information** |
| 1. | Applicant: |       |
| 2. | Identify Parent Company (if applicable): |       |
| 3. | Applicant mailing address/Street address: |       |
|  | City: |       | Province: |       | Postal Code: |       |
| 4. | Telephone number: |       |
| 5. | Fax number: |       |
| 6. | Contact name and title: |       |
| 7. | E-mail address: |       |
| 8. | Website address: |       |
| 9. | Applicant is a: |
|  | Corporation | [ ]  | Partnership | [ ]  | Joint venture | [ ]  | Individual | [ ]  | LLC | [ ]  |
|  | REIT | [ ]  | REMIC | [ ]  | Mezzanine Financing Arrangement | [ ]  | Other | [ ]  |
|  | If other, please explain: |  |
|  |       |
| 10. | Proposed effective date of coverage: |       |
| 11. | During the last five (5) years, has any insurance been declined or canceled? |
|  | Yes | [ ]  | No | [ ]  | If yes, provide details: |
|  |       |
| 12. | What is the property interest of the Applicant: |
|  | Owner | [ ]  | Tenant | [ ]  | Lender | [ ]  | Partner | [ ]  | Other | [ ]  |
|  | If other, please explain: |  |
|  |       |
| 13. | Is the Applicant also the occupant of the insured location(s)? |
|  | Yes | [ ]  | No | [ ]  |  |
| 14. | Is the Applicant aware of any natural resource damage, assessments or any threat to endangered species, protective habitat or other similar resources/species? |
|  | Yes | [ ]  | No | [ ]  | If “Yes”, attach a detailed explanation. |
| 15. | What is the primary reason the Applicant is seeking environmental insurance at this time? |
|  |       |
|  |  |  |  |
| **II.** | **Coverage Options** |
| 16. | Policy term: |
|  | One year | [ ]  | Three years | [ ]  | Five years | [ ]  | Ten years | [ ]  |
|  | If other,       years. |
| 17. | Limit of liability – Each Pollution Event Limits: |
|  | $1,000,000 | [ ]  | $2,000,000 | [ ]  | $5,000,000 | [ ]  |  |  |  |  |  |
|  | $10,000,000 | [ ]  | $20,000,000 | [ ]  | $25,000,000 | [ ]  |  |  |  |  |  |
|  | If other, $     . |
| 18. | Limit of liability – Aggregate/Total Policy Limit: |
|  | $1,000,000 | [ ]  | $2,000,000 | [ ]  | $5,000,000 | [ ]  |  |  |  |  |  |
|  | $10,000,000 | [ ]  | $20,000,000 | [ ]  | $25,000,000 | [ ]  |  |  |  |  |  |
|  | If other, $     . |
| 19. | Deductible: |
|  | $25,000 | [ ]  | $50,000 | [ ]  | $100,000 | [ ]  | $250,000 | [ ]  | $500,000 | [ ]  |  |
|  | If other, $     . |
|  |  |
| **III.** | **Covered Location Description** |
| 20. | Please provide the information in the tables below for each location for which you are seeking coverage. For additional locations, please provide a separate document addressing the information requested in the tables. |
|  |  |  |  |  |
|  |  |  |  |  |
| Location #1 | Location Name (if any):       | Number of Years Current Ownership/Operations:       Years |
| Number of Buildings:       | Age(s) of Building(s):       Years | Total Square Footage of Building(s):       |
| Street Address: |       |
| City, Province, Postal Code |      ,              |
| Past Use:  |       |
| Current Use:  |       |
| Future Use, including detailed capital improvement plans:        |
| Please provide a detailed description of operations, including chemical usage, waste materials produced, and waste storage areas at Location #1:        |
|  |  |  |  |
| Location #2 | Location Name (if any):       | Number of Years Current Ownership/Operations:       Years |
| Number of Buildings:       | Age(s) of Building(s):       Years | Total Square Footage of Building(s):       |
| Street Address: |       |
| City, Province, Postal Code |      ,              |
| Past Use:  |       |
| Current Use:  |       |
| Future Use, including detailed capital improvement plans:        |
| Please provide a detailed description of operations, including chemical usage, waste materials produced, and waste storage areas at Location #2:        |
|  |  |  |  |
| Location #3 | Location Name (if any):       | Number of Years Current Ownership/Operations:       Years |
| Number of Buildings:       | Age(s) of Building(s):       Years | Total Square Footage of Building(s):      |
| Street Address: |       |
| City, Province, Postal Code |      ,              |
| Past Use:  |       |
| Current Use:  |       |
| Future Use, including detailed capital improvement plans:        |
| Please provide a detailed description of operations, including chemical usage, waste materials produced, and waste storage areas at Location #3:        |
|  |  |
| **IV.** | **Historical Environmental and Regulatory Information** |
| 21. | Have there been any occupants/tenants that generated, stored or handled regulated substances? |
|  | Yes | [ ]  | No | [ ]  | Unknown | [ ]  |
|  | If “Yes”, attach details. |
| 22. | Are there any current occupants/tenants that generate, store or handle regulated substances? |
|  | Yes | [ ]  | No | [ ]  |  |  |
|  | If “Yes”, attach details. |
| 23. | Are there now, or have there ever been any lagoons, cesspools, collection ponds, septic system/leach fields, landfilling, etc.? |
|  | Yes | [ ]  | No | [ ]  | Unknown | [ ]  |
|  | If “Yes”, attach details. |
| 24. | Are there any current or former operations that require (according to any federal, provincial, territorial or municipal ministry, department or agency) closure or post-closure activities? |
|  | Yes | [ ]  | No | [ ]  | Unknown | [ ]  |
|  | If “Yes”, attach details. |
| 25. | Are there wetlands on site? | Yes | [ ]  | No | [ ]  |
|  | a. | If “Yes”, are the wetlands delineated? | Yes | [ ]  | No | [ ]  |
|  | b. | If’ Yes”, will the wetlands be impacted by any proposed development? | Yes | [ ]  | No | [ ]  |
| 26. | Have there been any remedial actions conducted? |
|  | Yes | [ ]  | No | [ ]  | Unknown | [ ]  |
|  | If “Yes”, attach details, including regulatory status. |
|  |  |  |  |
| **V.** | **Transaction Information** | N/A | [ ]  |
| 27. | Coverage is being requested in conjunction with a: |
|  | New purchase | [ ]  | Refinancing | [ ]  | Other | [ ]  | If other, provide details: |
|  |       |
| 28. | Other than a contract to buy or sell the property identified above, is there any relationship between the Applicant and the seller? |
|  | Yes | [ ]  | No | [ ]  | If “Yes”, provide details: |  |
|  |       |
| 29. | Is there an environmental indemnification agreement being utilized in this transaction?  |
|  | Yes | [ ]  | No | [ ]  |  |
|  | If “Yes”, provide a complete copy of the document containing the indemnification agreement. |
|  |  |  |  |
| **VI.** | **Storage Tank Information** | N/A | [ ]  |
| 30. | Are there any underground storage tanks (USTs) or above ground storage tanks (ASTs) at the property? |
|  | Yes | [ ]  | No | [ ]  | Unknown | [ ]  |
|  | If “Yes”, and you are seeking coverage for any USTs or ASTs, please complete Addendum A. |
| 31. | Have any USTs been removed, abandoned or closed in place?  |
|  | Yes | [ ]  | No | [ ]  | Unknown | [ ]  |
|  | If “Yes”, has a regulatory agency issued a “No Further Action” letter or given some other form of approval for the closure of the UST(s)? |
|  | Yes | [ ]  | No | [ ]  | Unknown | [ ]  |
|  | If “Yes”, attach a copy of confirming documentation. |
|  |  |  |  |
| **VII.** | **Mold – Indoor Air Quality Information** |  |  |
| 32. | Have any buildings experienced construction/maintenance defects, leaks or flooding from roofing, basement, plumbing, sewer, window or other problems? |
|  | Yes | [ ]  | No | [ ]  | If “Yes”, please describe: |  |
|  |       |
| 33. | Do any buildings currently have visible mould growth? |
|  | Yes | [ ]  | No | [ ]  | If “Yes”, please list those properties and describe: |
|  |       |
| 34. | Has indoor air quality or mould testing, or abatement or remediation, been conducted at any location? |
|  | Yes | [ ]  | No | [ ]  | If “Yes”, please list those properties and attach copies of the reports: |
|  |       |
| 35. | Have any building occupants or guests made or threatened complaints, demands or claims regarding health problems potentially related to mould or building conditions? |
|  | Yes | [ ]  | No | [ ]  | If “Yes”, please describe: |
|  |       |
| 36. | Do the properties have a written heating, ventilation and air conditioning (HVAC) management policy and procedures manual? |
|  | Yes | [ ]  | No | [ ]  |  |
|  | If “Yes”, please attach a copy of the manual. |
| 37. | Do the properties have a written mould management plan? |
|  | Yes | [ ]  | No | [ ]  |  |
|  | If “Yes”, please attach a copy of the plan. |
| 38. | Do you have a documented complaint procedure in place? |
|  | Yes | [ ]  | No | [ ]  |  |
| 39. | What is the current vacancy rate of properties proposed for coverage? |      % |
|  |  |  |  |
| **VIII.** | **Contractors Pollution Liability Information** | N/A | [ ]  |
| 40. | Do you perform contracting operations for others? |
|  | Yes | [ ]  | No | [ ]  |  |
|  | If “Yes”, please provide a detailed description of all contracting operations proposed for coverage: |
|  |       |
| 41. | Revenues: |
|  | Next 12 months: |        |
|  | Current year: |        |
|  | Prior year: |        |
| 42. | Has the Applicant ever been subject to any claim or complaint by any client or other third party arising out of contracting operations? |
|  | Yes | [ ]  | No | [ ]  | If “Yes”, please provide a detailed description: |
|  |       |
|  |  |  |  |
| **IX.** | **Representations and Warranties** |  |  |
| 43. | Have there ever been any claims made against the Applicant\* arising from the release, alleged release or threatened release of any hazardous substance(s), pollutant(s) or microbial substance(s) at or from any location for which this application is being made? |
|  | Yes | [ ]  | No | [ ]  | If “Yes”, please describe: |
|  |       |
| 44. | Is the Applicant\* aware of any fact, circumstance or situation that could result in a claim(s) being made against it or any other person or entity for whom coverage will be sought arising from the release, alleged release or threatened release into the environment of any hazardous substance(s), pollutant(s) or microbial substance(s) at or from any location for which this application is being made?  |
|  | Yes | [ ]  | No | [ ]  | If “Yes”, please describe: |
|  |       |
| 45. | Has the Applicant\* ever been, or is the Applicant\* currently being prosecuted for any violation of any standard or law arising from the release, alleged release or threatened release into the environment of any hazardous substance(s), pollutant(s) or microbial substance(s) at or from any location for which this application is being made? |
|  | Yes | [ ]  | No | [ ]  | If “Yes”, please describe: |
|  |       |
| 46. | Is the Applicant\* aware of any past or present reportable discharges, contamination, releases or spills of any hazardous substance(s), pollutant(s) or microbial substance(s) at or from any locations for which this application is being made or from any immediately adjacent locations?  |
|  | Yes | [ ]  | No | [ ]  | If “Yes”, please describe: |
|  |       |
| \* For purposes of questions 43 through 46 above and for the representations below, “Applicant” includes the entity listed in question 1, together with any director, officer, partner or manager thereof. |

Declarations:

The undersigned represents that every effort has been made to facilitate the proper completion of this application.  The discovery of any fraud, intentional concealment, or misrepresentation of any material fact will render this Policy, if issued, void at inception.  Receipt and review of this application does not bind the Insurer to provide this insurance.

It is agreed by the undersigned and the Applicant\* that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to the Insurer (all of which attachments and materials shall be deemed attached to the policy as if physically attached thereto) shall be the representations of the Applicant\*.  It is further agreed by the undersigned and the Applicant that this policy, if issued, is issued in reliance upon the truth of such representations that are incorporated into and made part of this policy.

After inquiry of the Applicant\*, the undersigned authorized officer of the Applicant\* represents that the statements set forth in this application and its attachments and other materials submitted to the Insurer are true and correct and that no material or relevant facts have been suppressed or misstated.  Signing of this application does not bind the Applicant\* or the Insurer.

The undersigned further declares that any event taking place between the date this application was signed and the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to the Insurer.

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| **Applicant Information** |
| Applicant’s Authorized Signature |        |
| Printed Name of Authorized Person |        |
| Title |        |
| Date |        |

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| **Brokerage Agency Information** |
| Name of Brokerage  |        |
| Brokerage Representative |        |
| Address |        |
| City/Province/Postal Code |        |
| Telephone Number |        |
| Fax Number |        |
| Primary Contact’s E-mail Address |        |