Public Sector Environmental Liability (PSEL) Application

Instructions

Please complete this application in its entirety.

Please note: Supplemental information requests are located throughout this application.

Environmental liability insurance relies on the disclosure made during the application process to determine the coverage and limitations that may apply. The various tables throughout the application are important as they apply directly to the policy by either confirming coverage or to rendering an exclusion not applicable to a specific exposure. Should the applicant provide a separate document in lieu of completing the schedules contained within, please ensure that these documents contain the information requested below at a minimum.

Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company name: |  | | | | |
| Mailing address: |  | | | | |
| City: |  | Province: |  | Postal code: |  |
| Website address: |  | | Year established: | |  |

Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Principal contact: |  | | |
| Email address: |  | | |
| Telephone: |  | Facsimile: |  |

Company Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Annual revenue: | $ | | Projected revenues: | $ |
| Ownership type: | Private  Public  Joint venture  Government agency | | Company structure: | Corporation  Partnership  Sole proprietor |
|  | | | | |
| Description of company operations: | |  | | |
|  | |  | | |

|  |  |
| --- | --- |
| **Supplemental information** | |
| Organizational chart | Annual report(s) |
| Financial report (audited preferred) | Sustainability report(s) |

Coverage Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Policy form: | Public sector environmental liability | Coverage horizon: | New conditions (prospective) | |
|  |  |  | Pre-existing conditions (retrospective) | |
|  |  |  |  |
| Policy type: | Claims-made and reported policy | Coverage structure: | Practice policy (renewable) |

|  |  |  |  |
| --- | --- | --- | --- |
| Policy effective date: |  | Policy expiration date: |  |
| Retroactive date: |  |
|  |  |  | |
| Limit of liability: | $ | Each environmental condition(s) | |
| Aggregate limit: | $ | Total for all environmental condition(s) | |
|  |  |  | |
| Legal expense(s): | Inclusive of the aggregate limit (legal expense(s) will reduce the aggregate limit), or  Exclusive of the aggregate limit (legal expense(s) will be paid in addition to the aggregate limit) | | |
|  |  | | |
| Retained limit: | Deductible, or |  |  |
|  | Self-insured retention: | $ | Each environmental condition(s) |

Named Insured

**Schedule of Named Insured:** ( A separate schedule of Named Insured is attached containing the below information.)

| Named Insured | Relation to the Applicant |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Additional Insured

**Schedule of Additional Insured:** ( A separate schedule of Additional Insured is attached containing the below information.)

| Additional Insured | Relation to the Applicant |
| --- | --- |
|  |  |
|  |  |
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|  |  |
|  |  |

Rating Information: Public Sector Environmental Liability

|  |  |  |  |
| --- | --- | --- | --- |
| Gross operating budget: | $ | Population/enrolment: |  |
| Land area (acres): |  | Kilometres of road: |  |

**Please select all that apply with exposure information:**

|  |  |
| --- | --- |
| Public facilities: |  |
| University(ies)/College(s)/School(s) | Hospital(s) |
| Housing authority/public housing | Health clinic(s) |
| Golf course(s) | Long-term care/assisted living community(ies) |
| Recreational (gymnasium(s)/pool(s)/arena(s)) | Park land/trails |
|  |  |
| Public utilities: |  |
| Electric | Natural gas |
| Water (distribution) | Wastewater (sewers) |
| Water treatment | Wastewater treatment |
| Solid waste management (landfills)  Open  Closed | Waste transfer/recycling |
|  |  |
| Public services: |  |
| Airport(s)/aerodrome(s) | Firefighting services |
| Bus depot(s) | Waste collection (curbside/bins) |
| Port(s) | Spaying operations (pesticide/herbicide/insecticide) |

|  |  |
| --- | --- |
| Other Services: |  |
|  |  |
|  |  |

**Off-premises and/or revenue work:** Work performed under contract beyond the boundaries of an insured site(s)

| Service work | Revenues (gross) | Payroll (gross) | Subcontracted (%) |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| What percentage (%) of jobs does your company use standard written contracts with clients? | | % |
| Describe the indemnification clauses: |  | |
| What percentage (%) of jobs does your company use standard written contracts with subcontractors? | | % |
| Do you require subcontractors to provide proof of an acceptable contractors’ environmental liability insurance? | | Yes  No |
| Do you require subcontractors to provide a certificate of insurance that list you as an additional insured? | | Yes  No |

Rating Information: Premises Environmental Liability

**Schedule of insured site(s)**: ( A separate schedule of site(s) is attached containing the below information.)

| Site ID | Site address | Description of operations | Years onsite | Ownership |
| --- | --- | --- | --- | --- |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Does the applicant have knowledge of any current contamination at any of the above site(s)? | Yes  No |

|  |  |
| --- | --- |
| If yes, please explain: |  |

|  |  |
| --- | --- |
| Does the applicant have knowledge of any prior, ongoing, or future remediation projects at any of the above site(s), including storage tank(s) that have been closed in place or removed? | Yes  No |

|  |  |
| --- | --- |
| If yes, please explain: |  |

|  |  |
| --- | --- |
| Does the applicant have knowledge of any ongoing or future site development, capital expenditures, improvement, demolition, abandon, or change to the site use or zoning of any of the above site(s)? | Yes  No |

|  |  |
| --- | --- |
| If yes, please explain: |  |

|  |  |
| --- | --- |
| Does the applicant have knowledge of any plans to sell/lease/sublease any of the above site(s)? | Yes  No |

|  |  |
| --- | --- |
| If yes, please explain: |  |

|  |  |
| --- | --- |
| Does the applicant have knowledge of any current fungus, virus or bacteria concerns at any of the above site(s)? | Yes  No |

|  |  |
| --- | --- |
| If yes, please explain: |  |

|  |  |
| --- | --- |
| Does the applicant have knowledge of any Per- or Polyfluoroalkyl substances (PFAS) at any of the above site(s)? | Yes  No |

|  |  |
| --- | --- |
| If yes, please explain: |  |

**Schedule of disclosed document(s):** ( A separate schedule of disclosed document(s) is attached containing the below information.)

| Site ID | Site address | Type of report | Corporate author | Date of report |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

Rating Information: Storage Tank Environmental Liability

**Schedule of insured storage tanks:** ( A separate schedule of storage tank is attached containing the below information.)

**Please note:** The table below relies on specific codes, please select from the list provided (see application completion guide for details).

| Site identifier | Tank identifier | Tank type | Installation year | Volume (unit) | Content (code) | Tank material (construction) | Tank leak detection | Overfill/spill protection | Piping material (construction) | Piping leak detection | Base construction (aboveground tank) | Retroactive date (tank specific) | Deductible (tank specific) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | () |  |  |  |  |  |  |  | $ |
|  |  |  |  |  | () |  |  |  |  |  |  |  | $ |
|  |  |  |  |  | () |  |  |  |  |  |  |  | $ |
|  |  |  |  |  | () |  |  |  |  |  |  |  | $ |
|  |  |  |  |  | () |  |  |  |  |  |  |  | $ |
|  |  |  |  |  | () |  |  |  |  |  |  |  | $ |
|  |  |  |  |  | () |  |  |  |  |  |  |  | $ |
|  |  |  |  |  | () |  |  |  |  |  |  |  | $ |
|  |  |  |  |  | () |  |  |  |  |  |  |  | $ |
|  |  |  |  |  | () |  |  |  |  |  |  |  | $ |

|  |  |
| --- | --- |
| Were all the storage tank(s) scheduled above new at the time of installation? | Yes  No |

|  |  |
| --- | --- |
| If no, please explain: |  |

|  |  |
| --- | --- |
| Are all the storage tank(s) scheduled above compliant with all applicable regulations? | Yes  No |

|  |  |
| --- | --- |
| If no, please explain: |  |

|  |  |
| --- | --- |
| Have any storage tank(s) scheduled above undergone repairs or upgrades within the past ten (10) years? | Yes  No |

|  |  |
| --- | --- |
| If yes, please explain: |  |

|  |  |
| --- | --- |
| Will any storage tank(s) scheduled above be repaired, upgraded, decommissioned, or removed within the proposed policy term or the six (6) months following the end of the policy?  **Please note:** In the event of a storage tank decommissioning or removal, the Insurer requires notification of such work no less than five (5) days prior to the decommissioning or removal. Such notice must include a tank integrity test report with favourable results performed no more than 30 days prior to the storage tank decommissioning or removal. | Yes  No |

|  |  |
| --- | --- |
| If yes, please explain: |  |

|  |  |
| --- | --- |
| Are any storage tank(s) scheduled above within two (2) kilometres of a body of water, wetland, or other environmentally sensitive areas? | Yes  No |

|  |  |
| --- | --- |
| If yes, please explain: |  |

|  |
| --- |
| If yes, please answer the following additional questions: |

|  |  |
| --- | --- |
| What is the distance to the nearest recreational swimming area? | Less than 500m   Between 500m and 1 km  1 km + |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What is the total length of piping that extends over water? |  | metres | Underwater? |  | metres |

|  |  |
| --- | --- |
| Is an emergency shut-off valve on land fitted to all piping that extends over or underwater? | N/A  Yes  No |

|  |  |
| --- | --- |
| Are all dispensers and piping over or underwater protected from watercraft impact? | N/A  Yes  No |

|  |  |
| --- | --- |
| Has a spill prevention, control and countermeasure (SPCC) plan or emergency response plan (ERP) been completed within the past five (5) years? | Yes  No |

|  |  |
| --- | --- |
| If no, please explain: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Supplemental information:** | | | Premises information (if applicable) | | | Environmental report(s) | Indoor air quality report(s) | | Property inspection report(s) | Building materials survey(s)/designated substance survey(s) | | Site permit(s) (applicable to this insurance) | Purchase and sale/lease/sublease agreement(s) | | Storage tank closure/removal report(s) | Environmental management plan/water intrusion plan | | Emergency response plan | Record of site condition | |  |  | | Landfill information (if applicable) | | | Landfill construction information/design information | | | Environmental risk assessment and environmental testing results (air, leachate, and groundwater) | | | Permit(s) with confirmation of annual volumes and total volumes | | | Closure plan and post closure obligations (please include details of any funding guarantee) | |   Storage Tank Information (if applicable) | | |
|  | Storage tank integrity test results (including associated piping) |
|  | Statistical inventory reconciliation (SIR) report (audited) |
|  | Storage tank lease agreement | | | |  |
|  | Cathodic protection test results | | |
|  | Spill prevention, control and countermeasure (SPCC) plan | | |
|  | Photographs of aboveground storage tank(s) (if available) | | |

Loss Information

|  |  |  |
| --- | --- | --- |
| Has the applicant purchased this type of insurance coverage within the last five (5) years? | | Yes  No |
| If yes, please provide: | Current valued loss run | |
| If no, please provide: | All property, liability and specialty insurance loss runs | |

Claims Information

|  |  |
| --- | --- |
| Does the applicant have knowledge of any claims made or legal action (including regulatory actions or notice of violations) brought against any insureds as a result of any prospective insured site(s) or operation(s) within the last five (5) years? | Yes  No |
| Does the applicant have knowledge of any environmental condition(s) caused by any of the prospective insured site(s) within the last five (5) years? | Yes  No |
| Does the applicant have knowledge of any damage or injury to the environment, to property of others, or to people that may be attributable to any prospective insured site(s) or operation(s) within the last five (5) years? | Yes  No |
| For any of the above answered “yes”, please provide a description of the circumstance and actions taken to mitigate or avoid a similar circumstance in the future: | |
|  | |
|  | |
|  | |
|  | |
|  | |

Warranty Statement

The applicant warrants that all representations made material to the risk are true and verify to the best of their knowledge upon reasonable enquiry, that all information provided within the submission for insurance is accurate.

The applicant declares that no member of the **responsible insured**, as defined below, is aware of any circumstances that are likely to give rise to a claim under the proposed insurance, which have not already been disclosed within the submission for insurance.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of applicant: |  | | | | |
| Title of applicant: |  | | | | |
|  |  | | | | |
| Signature of applicant: | |  | Date: |  |
|  | | (a **responsible insured**) |  |  |
|  | |  |  |  |
| **Responsible insured** means the manager or supervisor of the **named insured** responsible for environmental affairs, control or compliance, or an officer, director or partner of the **named insured**. | | | | |

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* For fraud detection and prevention
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Storage Tank Schedule Completion Guide

| Header | Input information | | Input code from list |
| --- | --- | --- | --- |
| Site ID | Applicant’s unique site identification number (if none exists, then “1”, “2”, “3”, …). | |  |
| Tank ID | Storage tank serial number or applicant’s unique tank identification number. | |  |
| Tank type | Aboveground storage tank system (Total volume less than 10% below ground),  Underground storage tank system (Total volume 10% of more below ground). | | AG  UG |
| Installation year | Year the storage tank was first installed. | |  |
| Volume (unit) | Storage tank volume (unit: litres “L”, imperial gallons “G” or U.S. gallons “USG”)  (Each compartment of a multi-compartment tank must be inputted as its own tank) | | L, G, USG |
| Content (code) | Petroleum\*  \*Pressurized tanks, append “P” (e.g., propane: PO P) | Aviation fuel  Bunker fuel  Diesel  Ethanol/Petroleum-based alternatives  Gasoline  Heating oil  Other (petroleum-based)  Waste oil | PA  PB  PD  PE  PG  PH  PO (P, if applicable)  PW |
|  | Solvents  Water  Other — hazardous (liquid state)  Other — non-hazardous (liquid state)  Other (gaseous state)\*  \*Pressurized tanks, append “P” |  | S  W  OH  ON  OG (P, if applicable) |
| Tank material (construction) | Unprotected steel  Cathodic protected steel (anode)  Cathodic protected steel (current)  Fiberglass (all types)  Polyethylene (all types)  Other | Append construction suffix:  Single-walled (SW)  Double-walled (DW) | S (—)  A  C  F  P  O |
| Tank leak detection | Automatic groundwater monitoring system  Automatic interstitial space monitoring system  Automatic tank gauging  Manual tank gauging  Statistical inventory reconciliation (SIR) system | | AGM  AIM  ATG  MTG  SIR |
| Overfill/spill protection | Automatic flow shut-off  Ball check valve  High level alarm  Other | | AF  BC  HL  O |
| Piping material (construction) | Unprotected steel  External protected steel (paint)  Flexible steel  Cathodic protected steel (anode)  Cathodic protected steel (current)  Fiberglass (all types)  Polyethylene (all types)  Other | Append construction suffix:  Single-walled (SW)  Double-walled (DW) | S (—)  E  R  A  C  F  P  O |
| Piping leak detection | Automatic electronic line leak detector with flow shut-off  Automatic interstitial space monitoring system  Automatic suction pump check valve  Manual external monitoring  Mechanical line leak detector | | AE  AI  AS  ME  ML |
| Base construction (aboveground tank) | Underground storage tank (not applicable)  Impermeable floor with a 110% of tank volume engineered containment  Impermeable floor with sealed drainage system with oil/water separator  No containment/permeable containment | | N/A  IFC  IFD  NOC |
| Retroactive date | Only if the policy retroactive date does not apply to a specific tank, please enter the tank specific retroactive date | |  |
| Deductible | Only if the policy deductible does not apply to a specific tank, please enter the tank specific deductible | |  |