

Supplementary questionnaire



ASSOCIATION OF CONSULTING
ENGINEERING COMPANIES | CANADA



engineerscanada

Program sponsored by



Pollution liability coverage

1. Name of firm: _____

2. Please indicate the approximate percentage of total fees reported in your application for insurance (including those paid to subconsultants but not projects insured separately) derived from each of the following project types:

	Past Accounting Year (%)	Current Accounting Year Estimate (%)
(a) Studies and reports (excluding soils investigations or remediation)		
(i) Environmental impact studies or assessments	_____ %	_____ %
(ii) Environmental permit review or approval	_____ %	_____ %
(iii) Building inspections/audits	_____ %	_____ %
(iv) Environmental monitoring (please describe type of service)	_____ %	_____ %
(v) Air emission control systems	_____ %	_____ %
(b) Waste disposal		
(i) Waste site evaluation or selection	_____ %	_____ %
(ii) Design, monitoring or closure of landfills	_____ %	_____ %
(c) Design or construction services for remedial action of contaminated buildings	_____ %	_____ %
(d) Services related to the evaluation, removal or replacement of underground storage tanks	_____ %	_____ %
(e) Industrial process engineering (non-petrochemical)	_____ %	_____ %
(f) Petrochemical engineering	_____ %	_____ %
(g) Design of laboratories	_____ %	_____ %
(h) Soils investigations		
(i) Underground investigations for possible contamination	_____ %	_____ %
(ii) Determination of extent of contaminated sites	_____ %	_____ %
(iii) Design of remedial action of contaminated sites	_____ %	_____ %
(iv) Investigations not related to waste or contamination detection	_____ %	_____ %

3. How many years has your firm provided services for the detection, monitoring, handling or disposal of hazardous substances?

4. Personnel – Please indicate the number of staff involved in environmental work:

- (a) Architects/civil engineers _____
- (b) Process engineers _____
- (c) Geotechnical engineers _____
- (d) Chemists and biologists _____
- (e) Industrial hygienists or toxicologists _____
- (f) Geologists/hydrogeologists _____
- (g) Environmental engineers _____
- (h) Other personnel _____

Please attach the curriculum vitae of key personnel if not previously submitted.

5. Have you accepted or do you plan to accept responsibility (either directly or as an agent of the owner) for the actual cleanup, transportation, storage or disposal of a "pollutant"? YES NO

If yes, please provide details:

6. What percentage of environmental work in the past year have you been able to obtain client agreement for:

- (a) Complete indemnification _____ %
(b) Partial indemnification _____ %
(c) Limitation of liability (please attach sample) _____ %

7. Has any claim been made or legal action been brought for any pollution or environmental injury or damage in the past three years (or made earlier and still pending) against your firm, its predecessors or employees? YES NO

If yes, please provide details:

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. 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.

I acknowledge that specific details of Victor's Privacy Notice can be found at www.victorinsurance.ca.

Declarations and signature

I/we hereby declare that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any material facts and I/we agree that this questionnaire shall be the basis of the contract with the insurance company.

It is further agreed that if, in the time between the submission of this questionnaire and the requested date for coverage to be effective, I/we become aware of any information which would change the answers furnished in response to question 7 of this questionnaire, such information shall be revealed immediately in writing to the insurer.

Name of principal, partner or officer (please print)

Title

Signature (principal, partner or officer)

Date (dd/mm/yyyy)

Note: This questionnaire must be reviewed, signed and dated by a principal, partner or officer of this applicant firm.