

**Lackner McLennan Insurance Ltd
Environmental Impairment Application**

DRILLING CONTRACTORS PROGRAM

**Underwritten By:
ELLIOTT SPECIAL RISKS LTD.
130 ADELAIDE ST. W., SUITE 1000
TORONTO, ONTARIO M5H 3P5**

Contact and Mailing Information

Legal Named Insured		Contact Name		
Mailing Address:	#/Street	City	Prov.	Postal Code
Business Telephone:		Business Fax:		

Description of Drilling Operations & Experience

Please provide a complete description of your operation, complete the estimated receipt figures below for each type of exposure.

Please provide total number of years of experience in your trade in the following areas.

Breakdown of Revenue and years of Experience by Category and Operation

Category & Operation	Total estimated Yearly Revenue / Income*	Number of Years of Experience
Water Well Drilling	\$	Years
Geotechnical Drilling	\$	Years
Environmental Drilling	\$	Years
Pump Installation & Repair	\$	Years
Other Drilling	\$	Years
Other Revenue	\$	Years
TOTAL OF ALL REVENUE	\$	*Please included all areas of revenue in your

Lackner McLennan Insurance Ltd.
450 Frederick Street, 3rd. Floor, Kitchener, Ontario N2H 2P5
Tel: (519)-579-3330 or (800)265-2625 Fax: (519)579-1151



**Canadian Ground Water
General Insurance Program
Environmental Impairment Liability**

Proud Member of:



Proud Member of:



Key Personal Qualification (Drillers, Pump Installers etc.)

Key Personnel	Qualifications, Licensing and Training

Professional Exposure

Do you, have you or do you plan to perform work at contaminated sites?

Yes No

Do you act as a consultant? And if Yes, Give details and revenue from this source.

Yes No Revenue: \$ _____

Details: _____

Are you directly or indirectly involved with asbestos products or asbestos wastes? And if answer is Yes, please explain in detail in the remarks section or on a separate sheet.

Yes No

Please describe any pollution claims or are you aware of any circumstances that may reasonable be expected to give rise to a claim during the last 5 years. (IF NONE PLEASE SO STATE)

Details: _____

Company Operations

On average how many Wells have been drilled or Jobs been completed in the following time frames;

A) At any one time: _____ B) Annually: _____ C) Last Year: _____

Are any operations performed outside of Canada? And if Yes please describe in detail.

Yes No

Details: _____

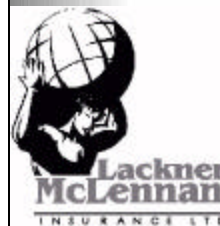
At the time of signing this Application, are you aware of any circumstances which may reasonably be expected to give rise to a claim under these coverages?

If so, give complete details: _____

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. It is agreed that this application shall form part of the contract should a certificate be issued.

APPLICANT (Signature and Printed spelling)



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