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**Agrichemical Warehousing Standard Association**  
**WAREHOUSING STANDARDS BULLETIN**

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**Revision Date: February 2007**

**Initial Issue Date: January 1995**

**Number: 16**

**Protocol II**  
**Insurance**

**Confirmation of Coverage Form Appendix II - Insurance Package**

All warehouse facilities must have insurance in place as outlined in protocol II and have the Confirmation of Coverage Form (Appendix II) signed by your insurer or insurance broker and provide a copy to the auditor during your audit. This form **MUST BE SIGNED** and made available to the auditor at the time of audit. No changes are permitted to the form.

**Special Note – Effective February 2007, the only acceptable confirmation of coverage form is the version dated 2/1/2007 in the lower right corner of the form.**

**Self Insurance**

Large organizations who choose to self insure may be eligible for this option by providing AWSA with one of the following:

- a. Arrange for a licenced insurer to issue the insurance to the required limits, subsequently executing a reimbursement agreement with that insurer in an amount which is equal to that limit. – or –
- b. If a company's net worth is \$3,000,000 or greater in the most recent fiscal year as evidenced by audited financial statements, and a confirming letter is issued by a Director, CFO or CEO supporting coverage, the site may be eligible for self insurance status.
- c. The organization is permitted to make specific application to AWSA in order to provide other means of proof of coverage to the minimum limits.

**Please forward this information to your insurance representative.**

# I. INSURANCE

NO.	PROTOCOL	Full Compliance Score	Actual Score
I-1	<p>The warehouse facility has documentation which indicates a current policy of insurance coverage for a minimum of \$1,000,000 and a maximum of \$25,000 deductible for both off-site and on-site pollution insurance coverage on the limited pollution form (sudden &amp; accidental) with no sub-limits. This policy must meet the required Agrichemical Warehousing Standards Association standard.</p> <p><u>Observations:</u></p>	Mandatory	

**I-1** The auditor will examine the “Confirmation Of Insurance Coverage” form to confirm that the required coverage is current & in force for on-site and off-site pollution insurance to the minimum level specified and as confirmed by the insurance representative (reference Warehousing Standards Bulletin #16 and Appendix II.)

**NOTE: The “Confirmation of Insurance Coverage” form must accompany the audit summary and be forwarded to AWSA by the auditor. No changes to the wording on the form are permitted. Each audit for requires a confirmation of coverage form.**

Regarding the insurance policy standard, the following summarizes the minimum coverage required:

- a) Coverage for on-site clean-up costs sustained by the insured due to new pollution conditions which have commenced during the policy period, and legal liability covering third party claims for bodily injury, property damage due to new on-site pollution conditions which have commenced during the policy period, to a total of \$1,000,000.
- b) Legal liability in the amount of at least \$1,000,000 covering third party claims for bodily injury, property damage or clean-up costs the results of new off-site pollution conditions which have commenced during the policy period.
- c) Policy must include Crop Life Canada, Agrichemical Warehousing Standards Association, C. Davreux and Associates and Funnel Communications as additional insureds.

NOTE: Coverage for A & B (above) must be subject to a discovery period of not less than 120 hours (preferably 240 hours). In the event of any pollution incident (spill, fire etc.) please advise AWSA at the earliest opportunity. This will enable AWSA to assist you in mitigating similar future occurrences.

### OPTIONS:

The package outlined 2 options:

1. After having a successful audit completed (with the exception of insurance protocol I1), apply for and purchase the package offered by AIC Environmental of Canada (formerly Commerce & Industry Insurance Company) through the brokerage firm of AON Reed Stenhouse, and provide a completed signed copy the Confirmation of Insurance Coverage Form.

– or –

2. If you have or are intending to seek insurance from another source, have the Confirmation of Coverage Form (Appendix II) signed by your insurer or insurance broker and provide a copy to the auditor during your audit. This form must be signed with no wording amendments and made available to the auditor at the time of audit

**AGRICHEMICAL WAREHOUSING STANDARDS ASSOCIATION  
CONFIRMATION OF COVERAGE FORM  
WAREHOUSING STANDARD PROTOCOL I1**

Appendix II

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To be provided to AWSA Authorized Auditor as part of compliance documentation and a copy forwarded with the audit to AWSA.

<b>1. Insurer</b> Name of Insurer: _____ Address of Insurer: _____ Postal Code: _____ Telephone Number: _____	<b>2. Agent/Broker</b> Name of Agent/Broker: _____ Address of Agent/Broker: _____ Postal Code: _____ Telephone Number: _____
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The above Insurer, hereby certifies that it has issued an Insurance Policy that meets the requirements of the AWSA Warehousing Standard Protocol I.1.

<b>3. Company</b> Name of Insured: _____ Address of Insured: _____ Postal Code: _____ Covered Location: _____ Policy Number: _____ Certificate Number _____	AWSA Compliance #: _____ Policy Period: _____
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<b>A) Pollution Legal Liability Limit</b>	\$	<b>Per Occurrence</b>
(Off Premises Pollution)		(Minimum \$1,000,000 limit)
<b>Deductible Per Occurrence (maximum \$25,000*)</b>	\$	_____
<b>and</b>		
<b>B) On Site Clean-Up Limit</b>	\$	<b>Per Occurrence</b>
<b>Deductible Per Occurrence (maximum \$25,000*)</b>	\$	(Minimum \$1,000,000 limit)
<b>OR</b>		
<b>Combined Pollution Legal Liability Limit</b>	\$	_____
(including on-site coverage)		(Minimum \$1,000,000 Limit)
<b>Deductible Per Occurrence (maximum \$25,000*)</b>	\$	_____

“The undersigned warrants that he or she has reviewed the AWSA insurance protocol that is attached to and hereby made a part of this form; that the coverage represented above is in conformity with the required on and off site coverage limits, permitted deductibles, loss discovery periods, additional insureds, and related AWSA insurance protocol detail contained therein; and that the limits of coverage represented in this Confirmation of Coverage are separate from, and not affected by, any other risk exposure of the Company upon whose behalf this representation of coverage is being made .

“It is further understood and agreed that the undersigned undertakes to give fifteen (15) days notice to the AWSA Insurance Committee if the policy should be cancelled or otherwise terminated prior to the specified policy expiration date; or if the policy should fail to be renewed on a basis that ensures continued compliance with the AWSA insurance protocol; or if any other circumstance should occur which prejudices or invalidates a representation of compliance previously given.”

<b>Name of Authorized Representative of Insurer:</b> _____
<b>Signature of Authorized Representative of Insurer:</b> _____ <b>Date:</b> _____

\*NOTE: NO CHANGES ARE PERMITTED TO THIS FORM. IF LIMITS OR DEDUCTIBLE DO NOT MEET THIS CRITERIA PLEASE CONSULT INSTRUCTIONS ON REVERSE.

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WAREHOUSING STANDARD PROTOCOL I1**

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The Standard Confirmation of Coverage Form is designed for use by facilities that have insurance meeting the required levels of coverages, limits and deductibles. Warehouse facilities require insurance coverage for a minimum of \$1,000,000 for both on-site and off-site pollution insurance coverage on the limited liability pollution form (sudden & accidental) with no-submits. Deductible levels are to be a maximum of \$25,000 per occurrence.

This form must be completed fully and signed by an authorized insurance representative. A separate form is required for each insured location. Copies of the standard AWSA insurance wording can be found on the AWSA website ([awsacanada.com](http://awsacanada.com)).

### Reimbursable Deductible Acknowledgement

For deductible limits in excess of \$25,000, the deductibles must be of a reimbursable nature. With a reimbursable deductible, the insurer shall be responsible for paying all losses and loss expenses. The insured shall promptly reimburse the insurer for advancing any element of loss falling within the deductible.

For reimbursable deductibles:	
(a) Insurance representative must complete the front side of this form, recording the deductible amounts	
(b) Insurance representative must complete the reimbursable deduction section below	
(c) Dealer must sign acknowledging reporting of all incidents.	
The undersigned warrants that the deductibles recorded on page one of the Confirmation of Coverage Form are of a reimbursable nature (as described above).	
Name of Authorized Representative of Insurer:	
Signature of Authorized Representative of Insurer:	Date:
The insured agrees to report all pollution losses promptly to the insurer(s) without regard for the size of the deductible.	
Name of Authorized Representative of Insured premises:	
Signature of Authorized Representative Insured premises:	Date:

For self insurance options or other non-standard insurance options, please consult Technical Bulletin #16.