



STORAGE TANK APPLICATION

NOTICE

This application is for single location. Section III and IV should be filled out for each additional location. Please answer all questions. Use additional sheets of paper if necessary.

This policy provides that aggregate defense expense limit separate from the liability that applies to Loss, Corrective Action and Cleanup costs shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.

Please forward:

- *Environmental Reports (Audits, Phase I, Phase II Reports, and Remedial Action Work Plans) on locations under remediation or investigation.*
- *Most recent leak detection results for all underground storage tanks.*
- *SPCC Plan if available.*
- *Audited financials for the past two years.*
- *Schedule of Environmental policies and associated loss experience for the past two (2) years.*
- *Declaration Page and Endorsements from expiring policy*

The insurer with which the licensee places the insurance is a surplus lines insurer, is not licensed by the State, and is subject to limited regulation. In the event of insolvency of the insurer, this insurance is not covered by the Guaranty Fund or Guaranty Association

This application can be filled out electronically or by hand. If not applicable, answer N/A.

I. ADMINISTRATIVE INFORMATION

1. Named Insured:
2. Named Insured's Address:
3. Contact Name and Title:
4. Phone Number:
5. Company Website:

6. Applicant is:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Other (Please Specify)	

7. Please List Additional Insureds (if applicable):

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8. Total number of Locations to be insured:

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II. COVERAGE REQUESTED

	Incident Limit	Aggregate Limit	Deductible	Proposed Effective & Expiration Dates
1. Coverage:				

2. Requested Coverage as Expiring?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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3. Expiring Carrier:

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4. Expiring Premium:

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5. Insuring Agreements Requested:

<input type="checkbox"/> Coverage A: Third Party Bodily Injury and Property Damage
<input type="checkbox"/> Coverage B: Corrective Action Due to Underground Storage Tank Releases
<input type="checkbox"/> Coverage C: Cleanup of Pollutants Due to Aboveground Storage Tank Release
<input type="checkbox"/> On Site Bodily Injury and Property Damage (by endorsement)

(Please remember to fill out Sections III and IV for each location)

III. UNDERGROUND STORAGE TANK SCHEDULE

1. Location Name & Address:

2. Location Number: of (Example: x of y)

3. Use of Facility:

4. Leased or Owned: Leased Owned

5. Date Acquired:

(See chart below for instructions and abbreviations)

Tank #	Year Installed	Tank Capacity (Gallons)	Tank Construction (specify all that apply)	Contents	Overfill Protection (Y/N)	Regulatory Compliance (Y/N)	Leak Detection

Tank Construction	Contents	Regulatory Compliance	Leak Detection
DW = Double Walled/Secondary Containment F = Fiberglass S = Coated or Bare Steel F/S = FRP Clad Steel STI = (STI- P3) Steel Tank Institute T.P. FRP = Single Walled Fiber Reinforced Plastic CP/S = Cathodically Protected Steel R = Relined O = Other (Please Specify)	RG = Reg. Gasoline UG = Unleaded Gas D = Diesel K = Kerosene NO = New Oil WO = Waste Oil HO = Heating Oil O = Other (Please Specify)	DENOTES A TANK MEETING US EPA TECHNICAL AND LEAK DETECTION STANDARDS	ATM = Auto Tank Monitoring GW = Groundwater Wells SIA = Statistical Inventory Analysis IM = Interstitial Monitoring TT = Tightness Tests** **Show last test date and indicate result – P/F (Pass/Fail). Proof of tightness test results must be submitted to underwriter

6. a. Has any storage tank ever been removed from this location or closed in place?

YES NO (If yes, a "Closed in Place" or "No Further Action" letter must be provided.)

b. Is this site currently under investigation or remediation?

YES NO (If yes, please provide copies of site assessments and any analytical soil/groundwater data available)

7. Is there a history of leaks or releases at this facility related to underground storage tanks not stated above?

YES NO (If yes, please describe below)

8. Is any technology in place to prevent or detect a leak?

YES NO (If yes, please identify)

9. Is the owner of the property the same as the owner of the storage tanks?

YES NO (If no, please explain the relationship of the tank owner to the property owner.)

IV. ABOVE GROUND STORAGE TANK SCHEDULE

1. Location Name & Address:

2. Location Number: of (Example: x of y)

3. Use of Facility:

4. Leased or Owned: Leased Owned

5. Date Acquired:

(See chart below for instructions and abbreviations)

Tank #	Year Installed	Tank Capacity (Gallons)	Tank Construction (specify all that apply)	Contents	Overfill Protection (Y/N)	Leak Detection	AST Diking & Base Const.

Tank Construction	Contents	AST Diking and Base Construction	Leak Detection
DW = Double Walled/Secondary Containment F = Fiberglass S = Coated or Bare Steel F/S = FRP Clad Steel STI = (STI- P3) Steel Tank Institute T.P. FRP = Single Walled Fiber Reinforced Plastic CP/S = Cathodically Protected Steel R = Relined WS = Welded Steel PL = Plastic V = Vaulted O = Other (Please Specify)	RG = Reg. Gasoline UG = Unleaded Gas D = Diesel K = Kerosene NO = New Oil WO = Waste Oil HO = Heating Oil O = Other (Please Specify)	C = Concrete GR = Gravel E = Dirt/ Earth EPA = Other EPA/DEP approved material O= Other (Please Specify)	ATM = Auto Tank Monitoring GW = Groundwater Wells SIA = Statistical Inventory Analysis IM = Interstitial Monitoring TT = Tightness Tests** **Show last test date and indicate result – P/F (Pass/Fail). Proof of tightness test results must be submitted to underwriter

6. a. Are the pipes 100% above ground?

YES NO

b. If no, have there been tightness tests performed on the below ground piping?

YES NO (If yes, when?)

7. a. Have the Above Storage Tank bottoms been relined?

YES NO

b. If so how many times has tank been relined?

c. Was the contractor a certified tank reliner?

YES NO

d. Please provide the name of the certified contractor and reason(s) why the relining was performed:

8. a. Please provide a survey plat (blueprint) for this facility. Above tanks may be subject to periodic integrity testing per- 40 CFR 112.7 (e) (2).

b. Have these tanks recently been tested?

YES NO (If yes, when?)

9. Is any technology in place to prevent or detect a leak?

YES NO (If yes, please identify)

10. Is there a history of leaks or releases at this facility related to aboveground storage tanks?

YES NO (If yes, please describe below)

11. Is the owner of the property the same as the owner of the storage tanks?

YES NO (If no, please explain the relationship of the tank owner to the property owner.)

V. GENERAL QUESTIONS

1. Have you during the last five years been prosecuted, or are you currently being prosecuted, for violations of any standard or law relating to the release or threatened release from the location of a regulated substance, hazardous waste or any other pollutant?

<input type="checkbox"/> YES	<input type="checkbox"/> NO (If yes, please describe below)
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2. List all claims made against you during the past five years for cleanup or response action, regulated substances, or bodily injury or property damage, resulting from the release of regulated substances, hazardous waste or any other pollutants, from this location or other locations owned or operated by you, into the environment. Provide a brief description of the claim (s) and its disposition. If none, so state.

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3. At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim being asserted against your company for environmental cleanup or response, or for bodily injury or property damage arising from the release of a pollutants into the environment? If none, so state.

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4. a. Is there an SPCC plan in place?

<input type="checkbox"/> YES	<input type="checkbox"/> NO (If yes, please provide a copy)
<input type="checkbox"/> YES	<input type="checkbox"/> NO

b. Are regular inspections and maintenance performed as specified in the plan?

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. ANY PERSON WHO KNOWINGLY INCLUDED ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

IF AN ORDER IS RECEIVED, THE APPLICATION IS ATTACHED TO THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

APPLICANT _____
(signature of owner or officer)

Date:

APPLICANT
(print name & title):

BROKER
(print name of firm):

Date:

(address of brokerage firm):

(contact person & telephone number):