

# STORAGE TANK POLLUTION LIABILITY INSURANCE APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

**ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:**

1. Proof of Tank Integrity - Passing Tank and Line tests for any new tanks (with in the last 12 months) or any tank 11-years old.
2. Copy of all other testing and monitoring results
3. Named insured's, additional insured's and their insurable interests
4. Copy of expiring Declarations Page with covered tanks schedule(s)
5. A copy of any "No Further Actions (NFA)" Letter(s).
6. Copy of contamination Delineation Reports
7. Most recent income statement and balance sheet.
8. Five years of currently valued loss runs

APPLICANT INFORMATION	
Name:	
Address:	
Telephone #:	
Fax #:	
Email Address:	
Type of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:	
PRIMARY CONTACT NAME:	
Applicant Operations	Additional Named Insured(s)
Describe specifically the operations of the Applicant:	Name:
	Address:
	Insurable interest::

Retention, Limit & Coverage	
Effective Date: _____	Retro Date: _____
Policy Term: <input type="checkbox"/> One Year <input type="checkbox"/> Two Year <input type="checkbox"/> Other _____	
Deductible Amount:	
Limits of Liability:	
<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other _____	<input type="checkbox"/> \$1M/\$1M <input type="checkbox"/> \$1M/\$2M <input type="checkbox"/> Other _____

Prior Insurance Information		Check here if this section does not apply. <input type="checkbox"/>
Expiration Date:	Expiring Premium:	
Carrier:	Retro Date:	
Limit of Liability:	Retention:	

Create copies of pages 2&3 as required

Storage Tank Pollution Liability Questionnaire

Facility Owner: \_\_\_\_\_ First named insured?  YES  
 Facility Operator: \_\_\_\_\_ First named insured?  YES  
 Facility Name: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_  
 Proximity to water: \_\_\_\_\_

Tank Information	1	2	3	4	5
Check if in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check if above ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contents					
Date Installed					
Capacity (Gallons)					

**Tank Construction**

Steel Single Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel Double Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STIP-3 Single Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STIP-3 Double Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Single Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Double Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Clad Steel Single Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Clad Double Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Lined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date lined		Date Lining Last Tested			
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**Tank Protection**

None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodic Protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painted/Coated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Diking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earthen Diking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Tank Leak Detection**

None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Tank Gauge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipstick Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil/Water Separator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill/Overflow Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of Last Tightness Test					
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Date of Last Cathodic Protection Test					
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*Storage Tank Pollution Liability Questionnaire*

	1	2	3	4	5
<b>Piping Information</b>					
Piping Install Date					
% Above Ground					
<b>Piping Construction</b>					
Steel Single Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel Double Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass/Flexible Single Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass/Flexible Double Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pipe Protection</b>					
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pipe Leak Detection</b>					
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dispenser Method</b>					
Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipped with Sumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipped with Spill Bucket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of last Sump Inspection					
Date of last Spill Bucket Inspection					

**General Information**

**Are ALL tanks in compliance with current EPA regulations?**

Yes  No

If "No", please provide full details (Attach separately)

**Do you own the tanks?**

Yes  No

If "No", please provide full details (Attach separately)

**Are there any additional tanks at this location that are not described in the following tank schedules?**

Yes  No

If "Yes", please provide full details (Attach separately)

**Is the applicant aware of any incident, fact, circumstance, or situation that may result in a claim being made against it or any other person or entity for which coverage is sought?**

Yes  No

If "Yes", please provide full details

**Have any claims ever been made against the applicant or have any claims ever been reported under any Storage Tank Policy?**

Yes  No

If "Yes", please provide full details (Attach separately)

**Has the Applicant ever had any reportable releases or spills of regulated substances, hazardous waste or any other pollutants, as defined by the applicable environmental statutes and regulations?**

Yes  No

If "Yes", please provide full details (Attach separately)

**Has there ever been any violations, lawsuits, complaints, contamination, corrective action or monitoring at any owned facility prior to or during your tenancy, operation and/or ownership**

Yes  No

If "Yes", please provide full details (Attach separately)

**Are there any plans to close, remove or upgrade any tanks at any facility in the next 18 months?**

Yes  No

If "Yes", provide a detailed description of the planned activities with a time line for activities to be completed (Attach separately)

**FRAUD WARNING: APPLICABLE TO ALL STATES**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**WARRANTY STATEMENT**

The signatory declares that (s)he is authorized by the Applicant to sign this application on behalf of all prospective *Insureds* and that to the best of his/her knowledge the statements herein are true. The signatory agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the *Insurer* of such and shall provide the *Insurer* with information that would complete, update or correct the application or materials submitted therewith. The *Insurer* may withdraw or modify any of the terms or conditions of coverage accordingly.

**NOTICE TO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_