

Storage Tank Application

Coverage is available on a claims made basis

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details on a separate sheet of paper. All Applicants must sign the application where indicated.

PRODUCER	APPLICANT
Name: _____	Name: _____
Address: _____	Address: _____
Telephone/Fax: _____	Telephone/fax #: _____
Email Address: _____	Email Address: _____
Web Address: _____	Web Address: _____
PRODUCER NAME: _____	PRIMARY CONTACT NAME: _____

FACILITY IDENTIFICATION NUMBER(S): _____	

SECTION I. Coverage Specifications			
Effective Date: _____	Retro Date: _____	Policy Term: <input type="checkbox"/> One Year <input type="checkbox"/> Two Year	
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 _____		

SECTION II. Claims		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Have any claims been made previously (last five years) against the Applicant or reported under any Storage Tank policies? If YES, please provide complete details.
<input type="checkbox"/>	<input type="checkbox"/>	Is the Applicant aware of any incident, fact, circumstance, or situation including any act, error or omission that may result in a claim being made against it or any other person or entity for whom coverage is sought? If YES, provide full details.
<input type="checkbox"/>	<input type="checkbox"/>	Has the Applicant, during the past five (5) years, had any reportable releases or spills of regulated substances, hazardous waste or any other pollutants, as defined by the applicable environmental statutes or regulations? If YES, provide full details.
<input type="checkbox"/>	<input type="checkbox"/>	Is there a history of leaks or releases not stated above, at any of the locations detailed in this Application? If YES, provide full details and Remediation Report(s).
<input type="checkbox"/>	<input type="checkbox"/>	Has there ever been any contamination at your facility(ies) or on the property(ies) during your tenancy, operation and/or ownership of the facility(ies)/property(ies)? If YES, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	Has there ever been any contamination at your facility(ies) or on the property(ies) prior to your tenancy, operation and/or ownership of the facility(ies)/property(ies)? If YES, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been a party to any pollution-related claims, lawsuits citations, or complaints? If YES, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	Has any claim, demand, suit or incident report been made at any time related to a pollution release from the site? If YES, please describe.
<input type="checkbox"/>	<input type="checkbox"/>	Are you aware of any past or pending environmental assessment or financial due diligence that has been performed for this site? If yes, please attach a copy.

SECTION III. 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:		

SECTION IV. Storage Tank Information

Provide Schedule of Tanks in Section V and VI, as applicable

ADDITIONAL AST INFORMATION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are the pipes 100% above ground? If NO, provide dates of most recent below ground piping tightness tests.
<input type="checkbox"/>	<input type="checkbox"/>	Are all locations covered by a Spill Prevention, Control and Countermeasures (SPCC) plan? If YES, provide a copy of the SPCC Plan.

ADDITIONAL UST INFORMATION

<input type="checkbox"/>	<input type="checkbox"/>	Are all storage tank systems in compliance with all relevant Federal, State and Local Regulations?
<input type="checkbox"/>	<input type="checkbox"/>	Do any plans exist to remove or replace any tanks within the next year? If YES, identify all USTs involved and list when the removal or replacement is to occur and why such actions are being performed. _____

ADDITIONAL AST & UST INFORMATION

<input type="checkbox"/>	<input type="checkbox"/>	Is the site now an airport or was it used as an airport in the past?
<input type="checkbox"/>	<input type="checkbox"/>	Is the site now a marina or was it used as a marina in the past?
<input type="checkbox"/>	<input type="checkbox"/>	Does any location have total storage capacity in excess of 100,000 gallons (i.e., Tank Farm)?

SECTION VI. Underground Storage Tank Schedule
(Please complete for each location)

Check here if this section does not apply.

Location	Tank I.D. #/Name	Date Installed	Tank interior Relined? Yes/No	Tank Capacity (Gallons). Please specify if tank has more than one compartment	Tank Constr. Materials *1	Piping Constr. Materials *2	Tank Contents *3	Leak Detection *4 (Tank/Piping)	Operational & In Use? Yes/No

***1 TANK/ CONSTRUCTION MATERIALS**

D/W = Double Wall /
 FCS = Fiberglass or Plastic Coated Steel
 STI = STI-P3
 S/W FRP = Single Wall Fiberglass Reinforced Plastic
 CP/S = Cathodically Protected Steel
 S = Bare Steel

***3 CONTENTS**

R = Regular Gasoline
 U = Unleaded
 WO = Waste Oil
 D = Diesel
 HO = Heating Oil
 K = Kerosene
 O = Other (please describe)

***4 LEAK DETECTION**

ATM = Auto Tank Monitor
 SV = Soil Vapor Well
 D/W = Interstitial Monitoring
 GW = Groundwater Monitoring
 TT = Tank Tightness Test
 SIR = Statistical Inventory Reconciliation
 MTG = Manual Tank Gauging/Manual Inventory Sticking

***2 PIPING CONSTRUCTION MATERIALS**

DWF = Double wall Fiberglass
 CP/S = Cathodically Protected Steel
 S = Bare Steel
 FRP = Fiberglass Reinforced Plastic

NOTICE TO APPLICANT-PLEASE READ CAREFULLY

REPRESENTATIONS AND WARRANTIES

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of my knowledge and that no material fact has been omitted or misstated. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such change, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signing of this application does not bind the applicant to purchase or the insurer to provide the insurance. Acceptance of the applicant by the company is required prior to quotation or binding of coverage or the issuance of a policy. It is agreed that this application and the reliance upon its contents shall be the basis of the issuance of a policy and shall be attached and made part of said policy.

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY SUBMITS AN APPLICATION OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE SUBJECT TO CIVIL OR CRIMINAL PENALTIES.

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA, MAINE, TENNESSEE, AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KENTUCKY 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 ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO NEW JERSEY APPLICANTS: 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 SUCH VIOLATION.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED.

I HAVE READ AND FULLY UNERSTAND THE QUESTIONS AND MY ANSWERS ON THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF ANY OF THE RESPONSES THAT ARE MATERIAL TO THE RISK ASSUMED (AS WELL AS ATTACHED TO THIS APPLICATION), MAY CAUSE THIS POLICY TO BECOME NULL AND VOID AND/OR MAY GIVE RISE TO RESCISSION OF THE POLICY.

Applicant's Signature: _____	Applicant's Printed Name: _____
Applicant's Title: _____	Date: _____
Producer Name: _____	Producer Address: _____
Producer Phone Number: _____	Producer Fax Number: _____