



STORAGE TANK LIABILITY APPLICATION

INSTRUCTIONS:

- Please print or type clearly.
- All questions must be answered. Please contact your agent if assistance is required.
- If any questions do not apply, print or type "N/A" in the space provided.
- This application must be signed and dated by an authorized Owner, Principal, Partner, Director or Risk Manager of the Insured.
- If additional space is needed to answer the question, please attach details on a separate sheet using the Insured's letterhead.
- For underground storage tanks, a copy of your State tank permit and most recent State inspection is required.

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, please attach details on a separate sheet of paper.

APPLICANT INFORMATION

Applicant Name: _____

Insured Name (If different than above): _____

Street Address (Please do not provide only a P.O. Box): _____

City: _____ **State:** _____ **Zip Code:** _____

Name of Contact: _____ **Title:** _____

Telephone: _____ **Fax:** _____

EPA Identification Number/Facility Registration Number (if applicable): _____

Insured's Principal Business Operations:

Entity Type: Partnership Trust Individual Joint Venture LLC/LLP Other: _____

COVERAGE SPECIFICATIONS

Proposed Effective Date: _____ Retroactive Date (If prior environmental coverage exists): _____

Desired Deductible: \$2,500 \$5,000 \$10,000 Other: _____

Desired Limits of Liability: \$1 mil/\$1 mil \$1 mil/\$2 mil \$2 mil/\$2 mil Other: _____

PRIOR STORAGE TANK INSURANCE INFORMATION Please check here if this section does not apply.

Insurance Carrier	Term	Retroactive Date	Limits Of Liability	Deductible/SIR	Premium
				\$	\$
				\$	\$
				\$	\$

All questions must be answered. Please contact your agent if assistance is required.

ABOVE GROUND TANK SCHEDULE

Please check here if this section does not apply.

(Please copy this section if necessary to include all tanks)

Location Address Of Tank	Tank I.D. #	Age	Tank Capacity (Gallons)	Tank Constr. Materials *1	Tank Contents *2	Testing Method *3	Secondary Containment *4	If transfer piping is attached to the tank, please provide length of piping, age, & construction material

***1 TANK & PIPING CONSTRUCTION MATERIALS**

- ST = Steel/metal
- HPD = High Density Plastic
- FG = Fiberglass
- O = Other, please specify

***2 CONTENTS**

- G = Gasoline
- A = Aviation Fuel
- WO = Waste Oil
- D = Diesel
- O = Oil
- K = Kerosene
- OT = Other, please specify

***3 LEAK/INTEGRITY DETECTION**

- VIS = Visual
- RT = Radiographic Testing
- UT = Ultrasound Testing
- AET = Acoustic Emission Testing
- MPT = Magnetic Particle Testing
- PPT = Pneumatic Pressure Testing
- LPT = Liquid Penetrant Testing
- MTG = Manual Tank Gauging
- HT = Hydrostatic Testing

***4 SECONDARY CONTAINMENT**

- EB = Earthen Berm
- CB = Concrete Berm
- DW = Double Wall Tank
- O = Other, please specify

All questions must be answered. Please contact your agent if assistance is required.

UNDERGROUND STORAGE TANK SCHEDULE

Please check here if this section does not apply.

(Please copy this section if necessary to include all tanks)

Location Address Of Tank	Tank I.D. #	Tank Installation Date	Tank Capacity (Gallons)	Tank Constr. Materials *1	Piping Constr. Materials *1	Tank Contents *2	Monthly Leak Detection Method *3	Estimated length of piping between tank and dispenser pump

***1 TANK & PIPING CONSTRUCTION MATERIALS**

***2 CONTENTS**

***3 LEAK DETECTION**

- D/W S = Double Walled Steel
- FG S = Fiberglass single wall
- FG DW = Fiberglass double wall
- STI S = STI-P3 single wall
- STI DW = STI-P3 double wall
- F/S = Fiberglass/plastic coated steel
- CP/S = Cathodically Protected Steel
- S = Bare Steel
- TFP = Thermoplastic Flexible Piping
- OT = Other, please specify

- G = Regular Gasoline
- U = Unleaded
- WO = Waste Oil
- D = Diesel
- O = Oil
- OT = Other, please specify

- ATM = Auto Tank Monitor
- SV = Soil Vapor Well
- IM = Interstitial Monitoring
- GW = Groundwater Monitoring
- OT = Other, please specify

All questions must be answered. Please contact your agent if assistance is required.

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

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. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Producer's Signature	Producer's Name (Please Print)
Applicant's Signature	Applicant's Name (Please Print)
Date Signed By Applicant	