



APPLICATION FOR STORAGE TANK POLLUTION LIABILITY INSURANCE

(This Application is for a Claims Made Policy)

APPLICANT INFORMATION

Named Insured:			
Business Name (include dba if applicable):			
Mailing Address:			
Phone Number:		County:	
In Case of Claim:		Contact Name:	Phone Number:
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> L.L.C. <input type="checkbox"/> Other:			
Indicate named insured's business interest in this facility: <input type="checkbox"/> Owns/operates the business <input type="checkbox"/> Owns the land <input type="checkbox"/> Owns the building(s) <input type="checkbox"/> Owns the tank(s) <input type="checkbox"/> Other:			

- Who is your current pollution carrier? _____
Expiration Date: _____ Premium: _____ Retroactive Date: _____
Expiring Policy Number: _____ (Please attach a copy of the expiring policy.)
- Deductible requested: \$1,000 \$2,500 \$5,000 Other: _____
- To the best of your knowledge, has any location for which you are applying for coverage ever had a leak, spill, release or discharge of petroleum products? No Yes
If "Yes," please attach an explanation.
- Have you ever received a notice of regulatory violations, or sustained any pollution-related claims, liability lawsuits or complaints from neighbors? No Yes
If "Yes," please attach an explanation.
- Is any location for which you are applying for coverage currently undergoing corrective action or monitoring? No Yes
If "Yes," please attach an explanation.
- At the time of signing this application, are you aware of any circumstances which may reasonably be expected to give rise to a claim under this policy? No Yes
If "Yes," please attach an explanation.
- To the best of your knowledge, are you in compliance with all federal, state, and local safety, health and environmental regulations? No Yes
If "No," please attach an explanation.

I certify that the statements set forth in the application are correct. If any information supplied on this application should change between the date of this application and the inception date of the policy period, I will immediately notify the insurer of such change. I agree that this application shall be deemed to be attached to and made part of the policy, if issued. I also understand that any misrepresentation of information contained in this application could result in the policy being voided.

I understand that the company will rely on the information I have provided as the basis for deciding whether an insurance policy will be issued.

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* Not applicable in all states

Applicant's Signature: _____ Date of Application: _____
Print or Type Name: _____ Title: _____

FACILITY INFORMATION

Loc. # ___ of ___

Complete this section for each facility.

Facility Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ County: _____

Name registered with the state (if different): _____

State facility identification/registration number: _____

Additional Insured(s):	Name	Address	Business Interest in Facility

1. Please indicate the business use of this facility:

Convenience Store Lube/oil service Service Station Cardlock

Marina - Proximity to a water way: _____

Own fuel consumption - Describe business: _____

2. Do you have any plans to remove, replace, upgrade or modify the tanks, lines or dispensers at this facility? **If Yes, please attach an explanation.** No Yes

3. Are any storage tanks at this facility inactive, temporarily closed, out of service or not in use? **If Yes, attach a diagram identifying the tank(s), how long inactive and any plans to return to active service.** No Yes

4. A. Is inventory control performed daily? No Yes

B. Are all monthly inventory variances within allowable ranges? No Yes

5. Please provide details on most recent tank and line test performed:

Periodic precision tank testing

Test method: _____ Date of last tank test: _____

Annual tightness testing of product lines - Date of last line test: _____

Annual inspection of line leak detectors - Date of last inspection: _____

Cathodic protection test - Date of last test: _____

6. A. Are the dispenser areas and/or loading racks clean and free of spillage from routine operations? No Yes

B. Do you periodically check under the dispensers for signs of leakage? No Yes

If "Yes," how often? _____

C. Are the dispensers equipped with sumps? No Yes

7. Is there any indication that your tanks, lines or dispensers are leaking or may be leaking? No Yes

If "Yes," please explain: _____

UNDERGROUND STORAGE TANK SCHEDULE

Loc. # ___ of ___

Include all underground tanks located at this facility. Attach additional schedules as needed.

	1	2	3	4	5
Year of original installation:					
Capacity (gallons):					
Currently in use? (Y/N)					
Tanks are Single Wall (SW) or Double Wall (DW)*?					
Contents:					
Tank Construction Code: (See code descriptions below)					
For IL or IC tanks, when was this work completed? (Mo/Yr)					
Tank Leak Detection Method (Monthly Monitoring): (See code descriptions below)					
Equipped with spill catchment basin and overflow prevention device? (Y/N)					
Year piping was installed:					
Piping is Single Wall (SW) or Double Wall (DW)*?					
Piping Construction Code: (See code descriptions below)					
Pressurized (PRS) or Suction (SUC) lines?					
If pressurized (PRS), are line leak detectors installed? (Y/N)					

* DW tanks and piping have an annular space between the tank or piping walls.

<p>Construction Codes:</p> <p><u>FRP</u> = Fiberglass (e.g., Owens-Corning)</p> <p><u>CPS</u> = Steel tank with cathodic protection – NOT retrofit (e.g., STI-P3)</p> <p><u>FCS</u> = Steel clad with or enclosed (jacketed) in fiberglass (e.g., Act-100)</p> <p><u>FLX</u> = Flexible piping</p> <p><u>IL</u> = Steel tank retrofitted with interior lining</p> <p><u>IC</u> = Steel tank retrofitted with cathodic protection (impressed current)</p>	<p>Tank Leak Detection Methods (Monthly Monitoring):</p> <p><u>ATG</u> = Automatic tank gauging/monitoring with monthly leak test</p> <p><u>IM</u> = Interstitial monitoring (double walled system) - electronic sensor or monthly inspection of annular space</p> <p><u>VM</u> = Vapor monitoring wells used to look for vapors in soil. Indicate number of wells.</p> <p><u>GWM</u> = Ground water monitoring wells used to detect liquid product floating in water. Indicate: Number of wells; Frequency of sampling; Any petroleum detected (Y/N)</p> <p><u>SIR</u> = Statistical inventory reconciliation of data sent to an outside vendor for analysis every 30 days</p> <p><u>IC/TTI</u> = Inventory control with tank tightness testing every 5 years. Daily "stick" measurements recorded and reconciled monthly. ONLY VALID FOR 10 YEARS AFTER INSTALLATION OF TANK.</p> <p><u>Manual</u> = Manual tank gauging alone may only be used for tanks 1000 gallons or less capacity</p> <p><u>Manual w/ Tightness Test</u> = Manual tank gauging with tank tightness testing every 5 years may only be used for tanks 2000 gallons or less capacity. ONLY VALID FOR 10 YEARS AFTER INSTALLATION.</p>
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ABOVE GROUND STORAGE TANK SCHEDULE

Loc. # ___ of ___

Include all above ground storage tanks located at this facility. Attach additional schedules as needed.

	1	2	3	4	5
Year of original installation:					
Capacity (gallons):					
Currently in use (Y/N)?					
Single Wall (SW) or Double Wall (DW)?					
Tank Construction Code: (See code descriptions below)					
Contents:					
Is secondary containment used (diking)? (Y/N)					
If Yes, indicate type of secondary containment (diking) used: (See code descriptions below)					
Tank Leak Detection Method (Monthly Monitoring): (See code descriptions below)					
Date of any tank retrofit, repair, lining or upgrade (describe):					
Tank pad material (e.g., concrete, stone/gravel, bare earth, etc.):					
Year piping was installed:					
Piping Construction Code: (See code descriptions below)					
Is piping underground? (Y/N)					
If Yes, length underground?					

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