



PETROLEUM STORAGE TANK POLLUTION LIABILITY
Application for Claims Made Coverage

Named Insured: _____

Producer: _____

DBA: _____

Address/Phone: _____

Address: _____

Anticipated Effective Date: _____

Retro Date: _____

If we are being asked to maintain the current retro date please attach a copy of the dec page of the policy currently in force, showing the retro date. If various retro dates apply please fill in the dates on the tank data sheets as needed.

Limits: \$ 500,000 [] \$1,000,000 []
\$1,000,000 [] \$2,000,000 []
\$ 250,000 [] \$ 500,000 [] \$1,000,000 []

Per pollution incident
Annual Policy Aggregate
Defense limit per incident

- 1) How many years have you been in business? ___ 2) Is business a: [] Corporation [] Sole Proprietorship [] LLC [] Other
3) At the time this application was signed were you aware of any circumstances which may reasonably be expected to give rise to a claim under any coverage/policy? No ___ Yes ___ Please Explain:
4) Are there any plans to remove any of the tanks listed on the attached tank data sheet(s) in the next 12 months? No ___ Yes ___ Please Explain:
5) Are all tanks shown on the tank data sheet(s) operational and in use? Yes ___ No ___ Please Explain:
6) Are your tanks lined steel? Yes ___ No ___ If yes, please verify the date of the current lining certificate on file at the site Date of lining certificate ___/___/___ (Regulations require lined tanks to be tested every 10 years.)
7) Are your tanks or lines cathodically protected steel (CPS)? Yes ___ No ___. If yes, please indicate date of current test you have on site available for review ___/___/___ (Regulations require CPS to be tested every 3 years by a NACE certified tester)
8) Has there been any type of environmental incident at any of the sites listed on attached tank data sheets, that has NOT been reported to the appropriate federal, state or local environmental agency? No ___ Yes ___ If yes, Please explain:

COMMENTS: Please enter any notes or comments below:

[Empty box for comments]

APPLICANT'S WARRANTY STATEMENT

The applicant represents that the above statements and attached information are true and correct to the best of their knowledge and that no material or relevant facts have been suppressed or misstated and agrees that the policy if issued, will be issued on the reliance of such representations. Completion of these forms does not bind coverage. Coverage can only be bound by the Company after review of all of the requested information. Any false or misleading information can be grounds for cancellation of coverage.

Applicant's Signature/Title: _____

Date: _____

PLEASE LIST SITE AND TANK INFORMATION ON THE ATTACHED TANK DATA SHEET



UNDERGROUND TANK DATA SHEET

List below, the tanks at your site(s) including details about removals, closures, temporary closures or new installations and also list changes that have been made to your tanks or piping from the original installation. Use additional sheets if needed.

SITE # _____ **SITE RETRO** _____

Site Name: _____

Location Address: _____

CHOOSE DEDUCTIBLE		
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000
<input type="checkbox"/> _____ Other		

Do you: Own Operate Lease

Distance from the site to nearest municipal or community well, aquifer or reservoir? _____

TANK # _____

Tank Construction (Use code) _____

Year Installed _____

Year Upgraded _____

Capacity _____

Contents _____

Leak Detection (Use code) _____

Overfill Prot/Spill Contain. (Yes or no) _____

PIPE/PUMP

Pipe Construction (Use Code) _____

Year Piping Installed _____

Pump Type (Press./Suction) _____

Line Leak Detection _____

(If Pump Type is Pressurized then Line Leak Detection will be either Electronic or Mechanical. If Pump Type is Suction, then N/A)

LIST ANY ADDITIONAL INSURED THAT APPLY AND THEIR RELATIONSHIP: _____

1) Are all of the tanks listed currently in compliance with federal, state or local environmental regulation? YES ___ NO ___

PLEASE EXPLAIN: _____

2) Has this site sustained any type of pollution incident including any leaks, spills, overfills or release of any kind?

YES ___ NO ___ PLEASE EXPLAIN: _____

3) Has this site been identified on any federal, state or local environmental agency list due to a confirmed or suspected discharge of pollutants? NO ___ YES ___ If YES, Please give case # _____ and attach complete copies of all data, reports and regulatory correspondence.

4) Has any form of subsurface assessment been completed at this facility? No ___ Yes ___ If yes check all that apply:

SOIL SAMPLING GROUNDWATER SAMPLING SOIL GAS SAMPLING

5) Was the assessment related to any of the following? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Property transaction | <input type="checkbox"/> Inventory shortage | <input type="checkbox"/> Hydrocarbon release on adjacent property |
| <input type="checkbox"/> Tank removal/replacement | <input type="checkbox"/> Suspected release | <input type="checkbox"/> Tank-in-place abandonment |
| <input type="checkbox"/> Failed tightness test | <input type="checkbox"/> Site environmental audit | <input type="checkbox"/> Risk management |
| <input type="checkbox"/> Detected release | <input type="checkbox"/> Confirmed release | <input type="checkbox"/> Other (attach additional sheets) |



ABOVE GROUND TANK DATA SHEET

List below, the tanks at your site(s) including details about removals, closures, temporary closures or new installations and also list changes that have been made to your tanks or piping from the original installation. Use additional sheets if needed.

SITE # _____

Site Name: _____

Location Address: _____

Product Supplier: _____

CHOOSE DEDUCTIBLE		
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000
<input type="checkbox"/> _____	Other	

Do you: Own Operate Lease

TANK # _____

Capacity _____

Contents _____

Year Installed _____

Tank Construction _____

Internal Protection _____

External Protection _____

Overfill Prevention _____

Level Detection _____

Diking Construction _____

PIPE / PUMP

Pipe Construction (Use Code) _____

Year Piping Installed _____

% Underground _____

LIST ANY ADDITIONAL INSUREDS THAT APPLY AND THEIR RELATIONSHIP: _____

1) How long have you owned, rented or controlled this site? _____

2) How long has this site been involved in petroleum storage? _____

3) Type of operations at this site before your ownership or use? _____

4) Has this site ever had a product release? NO ____ YES ____ If yes, please explain: _____

5) Is this site in compliance with all federal, state and local environmental regulation? YES ____ NO ____ Please explain: _____

6) Are tanks operational and in use? YES ____ NO ____

7) Are there any plans to remove or replace tanks in the next 12 months? YES ____ NO ____