



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: ☐ Corporation ☐ Individual ☐ Partnership ☐ LLC ☐ Other:

PRIMARY CONTACT NAME:

Applicant Operations

Describe specifically the operations of the Applicant:

Additional Named Insured(s)

Name:

Address:

Insurable interest::

Retention, Limit & Coverage

Effective Date: _____ Retro Date: _____ Policy Term: ☐ One Year ☐ Two Year ☐ Other _____

Deductible Amount:

Limits of Liability:

☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ Other _____

☐ \$1M/\$1M ☐ \$1M/\$2M ☐ Other _____

Prior Insurance Information

Check here if this section does not apply. ☐

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			

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					
Date of Last Cathodic Protection Test					



Storage Tank Pollution Liability Questionnaire

	1	2	3	4	5
Piping Information					
Piping Install Date					
% Above Ground					
Piping 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"/>
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"/>
Pipe Protection					
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"/>
Pipe Leak Detection					
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"/>
Dispenser Method					
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

☐ Yes ☐ No

that may result in a claim being made against it or any other person or entity for which coverage is sought?

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: _____