



Underground Storage Tank Liability Application

Instructions:

- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide any supporting information on a separate sheet using your letterhead and reference the applicable question number.
- Check Yes or No answers.
- This form must be completed, dated and signed by a principal of your Company.

Required Attachments:

- Please provide copies of your past two (2) years of audited financial statements and annual reports.
- Summary of Environmental Site Assessments/Remediation (past, current, planned) (check if none)
- Storage Tank Inventory – By Location Document

NOTICE TO APPLICANT: THE COVERAGE APPLIED FOR IS SOLELY AS STATED IN THE POLICY AND ANY ENDORSEMENTS THERETO, WHICH PROVIDES COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE LIABILITY COVERAGE FOR CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER, IN WRITING, DURING THE POLICY PERIOD. COVERAGE B OF THE POLICY PROVIDES CORRECTIVE ACTION COSTS COVERAGE ON AN INCIDENT-REPORTED BASIS.

1. Name of Applicant: _____

Principal Contact: _____ E-mail Address: _____

Mailing Address: _____

Location Address: _____

Telephone #: _____

FEIN#: _____

License No: _____

(License must be in the Insured Domicile State)

Facility EPA Number _____ Type of Tank(s): ___UST ___AST

Industry Classification: ___ Airport ___ Automobile and other motor vehicles
 ___ Convenience Stores ___ Gasoline Service Stations
 ___ Marinas ___ Motor Vehicle Dealers/New & Used
 ___ Operators of Apartment Buildings ___ Petroleum Bulk Stations & Terminals
 ___ Schools and Educational Services

If convenience and/or gasoline service station, which petroleum brands do they sell:

___BP ___Citgo ___Conoco, 76, Phillips 66, Jet ___ExxonMobil, Esso, Exxon, Mobil ___Getty
 ___Gulf Oil ___Hess ___Lukoil ___Sunoco ___Valero, Texaco ___Other

Is Insured purchasing this coverage to satisfy financial responsibility requirements: ___Yes ___No

Any Additional Insureds to be listed on the policy? Yes No
 *If yes, provide name and address of each Additional Insured below.

Desired Effective Date _____

****Desired Retroactive Date** Policy Inception Other _____ (in order to obtain retroactive coverage, you must provide copies of all prior policies for the corresponding time period)

Limits of Liability:

****Per Storage Tank Incident Limit of Liability (Claims and Remediation Costs)**

- ___ \$500,000 ___ \$1,000,000
- ___ \$2,000,000 ___ \$3,000,000
- ___ \$4,000,000 ___ \$5,000,000

****Total Policy Aggregate Limit of Liability for all Storage Tank Incidents**

- ___ \$2,000,000 ___ \$4,000,000
- ___ \$6,000,000 ___ \$8,000,000
- ___ \$10,000,000

****Deductible Per Incident**

- ___ \$2,500 ___ \$5,000
- ___ \$10,000 ___ \$25,000

1. Details of locations where the insured storage tanks are located: *(continue on a separate sheet, if necessary)*

Tank ID number (yours)	Date Installed (Mo/Yr)	Tank Capacity (gallons)	Contents	Tank Construction (use codes 1 & 2)	Piping Construction (use codes 1 & 3)

1- Construction (Tank and Piping) Codes

SW = Single Walled Tank
 DW=Double Walled Tank

Note: Double-walled construction has Interstitial space between walls.

2 – Tank Codes

CPS=Cathodic Protected Sheet
 FRP=Fiberglass
 FCS-Fiberglass Clad/Lined Steel
 STI-P3=Steel Tank, 3x protection

3 – Piping Codes

CPS= Cathodic Protected Sheet
 FRP=Fiberglass
 FCS-Fiberglass Clad/Lined Steel
 Flex-Flexible

2. Are any of the Insured's Facilities located in the state of Florida? YES NO
3. Are Single-Walled Storage Tanks (i.e., Bare Steel Tanks, Steel Tanks with Cathodic Protection, STIP ¾ Tanks or Tanks operating under ACT 100), with or without any form of tank lining, located at the insured's facilities in the State of Florida? (Only applicable if question 2 is answered yes)? N/A YES NO
4. Will any scheduled storage tank(s) be removed, closed or upgraded at any of the facilities for which coverage is sought under this policy within the next 18 months? YES NO
5. Are all of your USTs EPA Compliant for leak, spill, overfill, and corrosion protection in accordance with 1998 regulations (or newer, if any)? YES NO
6. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the applicant or other party to the proposed insurance with respect to storage tanks or any other pollution conditions at any of the facility(ies) where you are seeking coverage are located? YES NO
7. Does the applicant have knowledge of pollution conditions actionable under current State or Federal regulations at any of the facilities where the tanks for which you are seeking coverage are located? YES NO
8. At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim against any insured? YES NO
9. Within the past five (5) years are you aware of any failed tank/piping integrity tests or any other negative monitoring system data for any of the tanks you are seeking coverage for? YES NO
- Were any storage tanks included on the insured schedule installed more than thirty (30) years ago? YES NO
10. Within the last five (5) years before the date of signing of this application, has the Applicant, any of its affiliated entities, or any person or entity proposed to be an insured filed or been the subject of any proceeding relating to bankruptcy, receivership, and/or insolvency? YES NO
11. At the time of signing of this application, do the Applicant, any of its affiliated entities, or any person or entity proposed to be an insured either (a) intend to commence or (b) know of any plan or threat to commence any proceeding relating to bankruptcy, receivership, and/or insolvency, whether by or against one or more of them? YES NO
12. Which form of Tank Maintenance/Record Keeping is utilized at this facility?
 Statistically Inventory Reconciliation (SIR) with Annual Tank Tightness Testing
 Automatic Tank Gauging (ATG)/Electronic Monitoring
13. Do you have a Written Tank Management Plan for this Facility? YES NO
14. Loss History Information for this Facility:
 ___ No pollution related clean-ups or 3rd party claims at this facility in past 10 years.
 ___ Pollution at this facility in past 10 years, resolved with regulatory closure
15. Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this facility? YES NO

16. Are any of the underground storage tanks greater than 30,000 gallons in capacity?
 YES NO

17. Do any of the underground storage tanks contain ethanol or other non-petroleum based product?
 YES NO

18. Are any of the underground storage tanks located at a marina or airport? YES NO

****IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.***

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

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 INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Title

Date

Date

Signed by Licensed Resident Agent
(Where Required By Law)