



	YES	NO
Were all the Applicant's or any other party to the proposed insurance's storage tanks new at the time of installation?		
Were any of the Applicant's or any other party to the proposed insurance's storage tanks installed prior to 1975?		
Are any of the Applicant's or any other party to the proposed insurance's storage tanks located within one (1) mile of a body of water? <i>(If "Yes", please complete the <b>Marina Questionnaire</b> form as attached to this application.)</i>		
Are any of the Applicant's or any other party to the proposed insurance's facilities located in the State of Florida?		
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 Applicant's or any other party to the proposed insurance's facilities in the State of Florida? <i>(Only applicable if Question 11. is answered "Yes")</i>		
Within the past five (5) years has the Applicant purchased this type of insurance coverage? <i>(If "Yes", please provide information regarding any such coverage and all available loss information.)</i>		
Are there currently, or has there historically been, any hazardous, toxic, or regulated substances stored at any of the locations for which this application for insurance is being made other than these products: Gasoline, Diesel Fuel, Motor Oil, Fuel Oil, or Kerosene?		
Were any tanks ever removed or closed in placed at the location(s) where the scheduled tanks are currently located?		
<i>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 eighteen (18) months?</i>		
Does the Applicant and any other parties to the proposed insurance maintain a Spill Prevention and Counter Control Plan about any aboveground tanks for which coverage is sought? <i>(If "Yes", please provide a copy of such plan.)</i>		
Within the past five (5) years have there been any reportable spills of regulated substances, hazardous waste, or any other pollutants, as defined by applicable environmental statutes or regulations, at the facility(s) where the tanks the Applicant is seeking coverage for are located?		
Within the past ten (10) years have any repairs or upgrades been performed on any tanks?		
<i>Are all underground storage tanks compliant with 1998 regulations?</i>		
Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the Applicant or any other party to the proposed insurance?		
Does the Applicant or any other party to the proposed insurance have knowledge of pollution conditions at any of the proposed covered locations?		
At the time of signing this application, is the Applicant or any other party to the proposed insurance aware of any circumstances that may reasonably be expected to give rise to a claim against any party to the proposed insurance?		
<i>If "Yes" to Questions 14 through 20 above, provide a description of the information, claim, or circumstance.</i>		

# Storage Tank Inventory by Location

Facility Name:

Facility Address:

Facility ID#

	1	2	3	4	5	6
Tank #						
UST/AST						
Install Date Year						
Capacity (Gallons)						
Contents						
Tank Construction Material						
Overfill/Spill Protection						
Tank Leak Detection						
AST Diking & Base Construction						
Piping Construction Material						
Piping Leak Detection						

**Contents**

- A. Unleaded Gasoline
- B. Gasohol
- C. Diesel
- D. Kerosene
- E. Waste Oil/Used Oil
- F. Fuel Oil
- G. Generic Gasoline
- H. Pesticide
- I. Ammonia compound
- J. Chlorine compound
- K. Haz. Substance (CERCLA)
- L. Mineral Acids
- M. Grades 5&6 bunker 'C' oils
- N. Petroleum-based additive (E85)
- O. Misc. petroleum base
- P. Heating Oil
- Q. Other, please identify

**Tank Construction**

- A. Steel
- B. Fiberglass
- C. FRP Clad Steel
- D. Concrete
- E. Polyethylene
- F. Other EPA/DEP Approved
- G. Cathodic Protection – Impressed Current
- H. Cathodic Protection – Impressed Current
- I. Double Walled (DW) – Single Material
- J. Double Walled (DW) – Dual Material
- K. (DW) Synthetic Liner in Tank Construction
- L. (DW) Pipeless UST with Secondary Containment
- M. Internal Lining STI. STI-P3

**Overfill/Spill Protection**

- A. Ball Check Valve
  - B. Spill Containment Bucket
  - C. Flow Shut-off
  - D. Tight Fill
  - E. Level Gauges, High Level Alarms
  - F. Other EPA/DEP Approved Protection Method
- Piping Construction Material**
- A. Steel
  - B. Fiberglass
  - C. Double walled
  - D. Approved synthetic material
  - E. Other EPA/DEP Approved Piping Material
  - F. External protective coating
  - G. C/P with sacrificial anode or impressed current

**Tank Leak Detection**

- A. Groundwater Monitoring Wells
- B. Interstitial Monitoring
- C. Vapor Monitoring Wells
- D. Visual Inspections of AST Systems
- E. Other EPA/DEP Approved
- F. SPCC Plan – AST
- G. Interstitial Space – Double Walled Tank
- H. Manual Tank Gauging - UST
- I. Statistical Inventory Reconciliation – (SIR)(USTs)
- J. Automatic Tank Gauging – UST
- K. Interstitial Monitoring of AST tank bottom
- L. Annual Tightness Test with Inventory – (USTs)

**AST Diking & Base Construction**

- A. Concrete, Synthetic Material, clays
  - B. Other EPA/DEP Approved Secondary Containment System
  - C. Dirt/Earth
- Piping Leak Detection**
- A. Electronic Line Leak Detector with Flow Shutoff
  - B. Interstitial Monitoring – Piping Filter
  - C. External Monitoring
  - D. Mechanical Line Leak Detector
  - E. Interstitial Monitoring of double wall piping
  - F. Suction Pump Check Valve

***\*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 REPRESENTS TO THE INSURER THAT ALL STATEMENTS MADE IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS THERETO, 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 INSURER'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.**

**NOTICE TO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND and WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who applies or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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 violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: 1) by submitting an application, or 2) by filing a claim containing a false statement as to any material fact may be violating state law.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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 subjects such person to criminal and civil penalties.

**NOTICE TO TENNESSEE, VIRGINIA, and WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

\_\_\_\_\_  
Signature of Authorized Applicant

\_\_\_\_\_  
Signature of Broker/Agent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sign by Licensed Resident Agent (Where required by law)