

**APPLICATION
FOR ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE
FOR PETROLEUM STORAGE TANKS**

(This Application Is for a Claims-Made Policy.)

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

APPLICANT'S ORGANIZATION: Corporation Individual Partnership Joint Venture

Other _____

General Information

1. Are any portions of the applicant's site or facilities leased, rented, operated or otherwise outside the direct day-to-day control and oversight of the site owners or management?..... No Yes
(If yes, please describe.)

 2. Is any location a RCRA treatment, storage, or disposal facility or a state or federal superfund site?..... No Yes
(If yes, attach an explanation.)
 3. Have any waste materials (oil, grease, solvents, contaminated petroleum products, tank sludges, batteries, brake linings or antifreeze) been disposed of, buried, or spilled on your property or other property?..... No Yes
(If yes, attach an explanation.)
 4. Has any location ever received a notice of regulatory violations, or sustained any pollution-related claims, liability lawsuits or complaints from neighbors?..... No Yes
(If yes, attach an explanation.)
 5. 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, provide the address of the location and describe any cleanup or corrective action achieved.)
 6. If monitoring wells or observations wells are present, have petroleum vapors or products been detected in any well?..... No Yes
(If yes, attach an explanation.)
 7. Have any tanks or piping been replaced?..... No Yes
(If yes, describe any soil, water or groundwater cleanup activities that were undertaken during the replacement and any cleanup levels that were achieved.)
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8. Are tanks or piping scheduled to be replaced or upgraded?..... No Yes
(If yes, please provide dates and details.)
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9. Are all tanks registered with the State?..... No Yes
10. To the best of your knowledge, are you in compliance with all federal, state and local safety health and environmental regulations and notification requirements?..... No Yes
(If not, please explain.)
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Attachments

- Attach copies of the results of any tank and piping system precision tightness tests performed within the last 12 months.
- Attach copies of your facility's inventory and reconciliation records for each **UNDERGROUND** tank for the last 60 days.
- If any **UNDERGROUND** tanks have been upgraded by interior lining, attach a copy of the lining warranty and pre-lining tests or inspections.
- For **ABOVE GROUND** tanks, complete an Above Ground Tank Schedule.
- For **ABOVE GROUND** tanks, include details of any tank rebuilding, tank interior lining or other upgrades, piping upgrades or replacement tests performed for structural stability or corrosion, soil and/or groundwater sampling results, piping tests, etc.

I CERTIFY THAT THE STATEMENTS SET FORTH IN THIS 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, AS IF PHYSICALLY ATTACHED TO THE POLICY. 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 IN THIS APPLICATION AS THE BASIS FOR DECIDING WHETHER AN INSURANCE POLICY WILL BE ISSUED.

I HEREBY AUTHORIZE THE COMPANY TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY. THE UNDERSIGNED HEREBY AUTHORIZES THE RELEASE OF LOSS INFORMATION FROM ANY PRIOR INSURER TO THE COMPANY. IN THIS REGARD, I CERTIFY THAT I WILL EXECUTE WHATEVER AUTHORIZATIONS OR RELEASES MAY BE NECESSARY TO PERMIT THE COMPANY TO SECURE ANY SUCH INFORMATION.

Signed: _____ Title: _____

Please Print Your Name/Title: _____ Date of Application: _____

KENTUCKY FRAUD WARNING:
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.

FRAUD PREVENTION - OHIO WARNING:
ANY PERSON WHO, WITH 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 NEW YORK 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 ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Facility Information

Complete this page for EACH facility. All questions must be answered. Attach additional sheets if needed.

FACILITY NAME & ADDRESS: _____

11. Business at this facility (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Full/Self Service Gas Sales | <input type="checkbox"/> Cardlock |
| <input type="checkbox"/> Convenience Store with Gas Sales | <input type="checkbox"/> Marina |
| <input type="checkbox"/> Limited Service (Lube and Oil) | <input type="checkbox"/> Fuel Stored for Own Use |
| <input type="checkbox"/> Full Service (Repair Garage) | Average Monthly Usage _____ |
| <input type="checkbox"/> Other _____ | |

12. Are there other petroleum storage tanks located within 1000 feet of this facility?... No Yes

13. Does this site have a waste oil or heating oil tank?..... No Yes
(If yes, include on the Tank Schedule (page 4).)

14. Are any underground tanks inactive, closed or temporarily out-of-service?..... No Yes

- | | | |
|--|-----------------------------|------------------------------|
| (a) If yes, has the tank been removed?..... | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (b) Has it been filled with sand or other inert material?..... | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (c) Have state regulatory authorities been notified of the closure?..... | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

15. If monitoring wells or observation wells are present, how frequently are the wells monitored?

In the space provided below, please sketch a diagram of the facility. Number each tank as listed in the Tank Schedule. Show all tanks, including any closed, inactive or out-of-service tanks. Include any adjacent waterways, drinking water wells, monitoring and/or observation wells.

UNDERGROUND TANK SCHEDULE

Facility Name: _____ Contact: _____

Address, City, State, Zip: _____

Phone: _____

Complete the information requested in the following table and use the appropriate response codes below.
Use extra sheets for more than five tanks if necessary.

TANKS					
Tank ID Number (Yours)					
Date Installed (Mo/Yr)					
Capacity (Gallons)					
Construction ¹					
Contents					
Leak Detection ²					
Last Tightness Test					
Spill Catchment Basin? (Yes/No)					
Overfill Device? (Yes/No)					
PIPING					
Construction ¹					
Pump System ³					
Line Leak Detectors? (Yes/No)					
Last Tightness Test (Date)					

¹ CONSTRUCTION (Tank and Piping)

- SW = Single Wall
- DW = Double Wall
- and -
- CPS = Cathodic Protection
- FRP = Fiberglass
- FCS = FRP-Clad Steel
- IL = Lined (Provide Date)
- BS = Bare, Painted or Asphalt Coated Steel

² LEAK DETECTION

- ATG = Auto Tank Gauging/Tank Monitor
- INT = Interstitial Monitoring
- DIC = Daily Inventory Control
- MVM = Vapor Monitoring Wells*
- MGM = Groundwater Monitoring Wells
- PTT = Precision Tightness Test
- SIR = Statistical Inventory Reconciliation
- * indicate the number of wells & frequency of sampling

³ PUMP

- SUC = Suction
- PRS = Pressurized with Leak Detector
- Other = Specify