

## APPLICATION FOR STORAGE TANK POLLUTION LIABILITY INSURANCE

(This Application is for a Claims Made Policy)

### APPLICANT INFORMATION

Named Insured:			
Business Name (include dba if applicable):			
Mailing Address:			
Phone Number:		County:	
In Case of Claim:	Contact Name:		Phone Number:
Type of Business:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> L.L.C. <input type="checkbox"/> Other:		
Indicate named insured's business interest in this facility:			
<input type="checkbox"/> Owns the building(s)		<input type="checkbox"/> Owns/operates the business	<input type="checkbox"/> Owns the land
<input type="checkbox"/> Owns the tank(s)		<input type="checkbox"/> Other:	

1. Who is your current pollution carrier? \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Premium: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_  
 Expiring Policy Number: \_\_\_\_\_ (Please attach a copy of the expiring policy.)
2. Limits requested:  \$25,000/\$25,000  
  \$50,000/\$50,000  
  \$500,000/\$500,000  
  \$1/\$1 million  
  \$1/\$2 million  
 Other: \_\_\_\_\_
3. Deductible requested:  \$1,000  
  \$2,500  
  \$5,000  
  Other: \_\_\_\_\_
4. Has any location for which you are applying for coverage ever had a leak, spill, release or discharge of petroleum products?  
**If "Yes," please attach an explanation.**  No  Yes
5. Have you ever received a notice of regulatory violations (including inspections mandating repairs), or sustained any pollution-related claim, liability lawsuits or complaints from neighbors?  
**If "Yes," please attach an explanation.**  No  Yes
6. Is any location for which you are applying for coverage currently undergoing corrective action or monitoring ?  No  Yes  
**If "Yes," please attach an explanation.**
7. At the time of signing this application, are you aware of any circumstances which may reasonably be expected to give rise to a claim under this policy?  
**If "Yes," please attach an explanation.**  No  Yes
8. Are you in compliance with all federal, state, and local safety, health and environmental regulations?  
**If "No," please attach an explanation.**  No  Yes

I certify that the statements set forth in the 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. 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 as the basis for deciding whether an insurance policy will be issued.

\* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\* Not applicable in all states

**FACILITY INFORMATION**

Loc. # \_\_\_ of \_\_\_

Complete this section for each facility.

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Name registered with the state (if different): \_\_\_\_\_

State facility identification/registration number: \_\_\_\_\_

Additional Insured(s):	Name	Address	Business Interest in Facility

1. Please indicate the business use of this facility:
  - Convenience Store     Lube/oil service     Service Station     Cardlock
  - Marina - Proximity to a water way: \_\_\_\_\_
  - Own fuel consumption - Describe business: \_\_\_\_\_
  
2. Please describe the operation on the property immediately adjacent to yours:
  - North: \_\_\_\_\_ East: \_\_\_\_\_
  - South: \_\_\_\_\_ West: \_\_\_\_\_
  
3. Are there any plans to remove, replace, upgrade or modify the tanks, lines or dispensers at this facility?  
**If Yes, please attach an explanation**  No  Yes
  
4. Are any storage tanks at this facility inactive, temporarily closed, out of service or not in use?  
**If Yes, attach a diagram identifying the tank(s), how long inactive and any plans to return to active service.**  No  Yes
  
5. A. Is inventory control performed daily?  No  Yes  
 B. Are all monthly inventory variances within allowable ranges?  No  Yes
  
6. Please provide details on most recent tank and line test performed:
  - Periodic precision tank testing  
 Test method: \_\_\_\_\_ Date of last tank test: \_\_\_\_\_
  - Annual tightness testing of product lines - Date of last line test: \_\_\_\_\_
  - Annual inspection of line leak detectors - Date of last inspection: \_\_\_\_\_
  - Cathodic protection test - Date of last test: \_\_\_\_\_
  
7. A. Are the dispenser areas and/or loading racks clean and free of spillage from routine operations?  No  Yes  
 B. Are there periodic checks under the dispensers for signs of leakage?  No  Yes  
**If "Yes," how often?** \_\_\_\_\_  
 C. Are the dispensers equipped with sumps?  No  Yes
  
8. Is there any indication that your tanks, lines or dispensers are leaking or may be leaking?  No  Yes  
**If "Yes," please explain:** \_\_\_\_\_

# UNDERGROUND STORAGE TANK SCHEDULE

Loc. # \_\_\_ of \_\_\_

Include all underground tanks located at this facility. Attach additional schedules as needed.

	1	2	3	4	5
Year of original installation:					
Capacity (gallons):					
Currently in use? (Y/N)					
Tanks are Single Wall (SW) or Double Wall (DW)*?					
Contents:					
Tank Construction Code: (See code descriptions below)					
For IL or IC tanks, when was this work completed? (Mo/Yr)					
Tank Leak Detection Method (Monthly Monitoring): (See code descriptions below)					
Equipped with spill catchment basin and overflow prevention device? (Y/N)					
Year piping was installed:					
Piping is Single Wall (SW) or Double Wall (DW)*?					
Piping Construction Code: (See code descriptions below)					
Pressurized (PRS) or Suction (SUC) lines?					
If pressurized (PRS), are line leak detectors installed? (Y/N)					

\* DW tanks and piping have an annular space between the tank or piping walls.

<b>Construction Codes:</b> <u>FRP</u> = Fiberglass (e.g., Owens-Corning) <u>CPS</u> = Steel tank with cathodic protection – NOT retrofit (e.g., STI-P3) <u>FCS</u> = Steel clad with or enclosed (jacketed) in fiberglass (e.g., Act-100) <u>FLX</u> = Flexible piping <u>IL</u> = Steel tank retrofitted with interior lining <u>IC</u> = Steel tank retrofitted with cathodic protection (impressed current)	<b>Tank Leak Detection Methods (Monthly Monitoring):</b> <u>ATG</u> = Automatic tank gauging/monitoring with monthly leak test <u>IM</u> = Interstitial monitoring (double walled system) - electronic sensor or monthly inspection of annular space <u>VM</u> = Vapor monitoring wells used to look for vapors in soil. Indicate number of wells. <u>GWM</u> = Ground water monitoring wells used to detect liquid product floating in water. Indicate: Number of wells; Frequency of sampling; Any petroleum detected (Y/N) <u>SIR</u> = Statistical inventory reconciliation of data sent to an outside vendor for analysis every 30 days <u>IC/TTT</u> = Inventory control with tank tightness testing every 5 years. Daily "stick" measurements recorded and reconciled monthly. ONLY VALID FOR 10 YEARS AFTER INSTALLATION OF TANK. <u>Manual</u> = Manual tank gauging alone may only be used for tanks 1000 gallons or less capacity <u>Manual w/ Tightness Test</u> = Manual tank gauging with tank tightness testing every 5 years may only be used for tanks 2000 gallons or less capacity. ONLY VALID FOR 10 YEARS AFTER INSTALLATION.
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**ABOVE GROUND STORAGE TANK SCHEDULE**

Loc. # \_\_\_ of \_\_\_

Include all above ground storage tanks located at this facility. Attach additional schedules as needed.

	1	2	3	4	5
Year of original installation:					
Capacity (gallons):					
Currently in use (Y/N)?					
Single Wall (SW) or Double Wall (DW)?					
Tank Construction Code: (See code descriptions below)					
Contents:					
Is secondary containment used (diking)? (Y/N)					
If Yes, indicate type of secondary containment (diking) used: (See code descriptions below)					
Tank Leak Detection Method (Monthly Monitoring): (See code descriptions below)					
Date of any tank retrofit, repair, lining or upgrade (describe):					
Tank pad material (e.g., concrete, stone/gravel, bare earth, etc.):					
Year piping was installed:					
Piping Construction Code: (See code descriptions below)					
Is piping underground? (Y/N)					
If Yes, length underground?					

<p><b>Construction Codes</b></p> <p><u>FRP</u> = Fiberglass (e.g., Owens-Corning)</p> <p><u>CPS</u> = Steel tank with cathodic protection – NOT retrofit (e.g., STI-P3)</p> <p><u>FCS</u> = Steel clad with or enclosed (jacketed) in fiberglass (e.g., Act-100)</p> <p><u>FLX</u> = Flexible piping</p> <p><u>IL</u> = Steel tank retrofitted with interior lining</p> <p><u>IC</u> = Steel tank retrofitted with cathodic protection (impressed current)</p> <p><u>BS</u> = Bare Steel</p> <p><b>Secondary Containment (Diking) Codes</b></p> <p><u>A</u> = Poured Concrete</p> <p><u>B</u> = Earthen berm with liner</p> <p><u>C</u> = Earthen berm without liner</p> <p><u>D</u> = Other - Describe</p>	<p><b>Tank Leak Detection Methods (Monthly Monitoring)</b></p> <p><u>ATG</u> = Automatic tank gauging/monitoring with monthly leak test</p> <p><u>IM</u> = Interstitial monitoring (double walled system) - electronic sensor or monthly inspection of annular space</p> <p><u>VM</u> = Vapor monitoring wells used to look for vapors in soil. Indicate number of wells.</p> <p><u>GWM</u> = Ground water monitoring wells used to detect liquid product floating in water. Indicate: Number of wells; Frequency of sampling; Any petroleum detected (Y/N)</p> <p><u>SIR</u> = Statistical inventory reconciliation of data sent to an outside vendor for analysis every 30 days</p> <p><u>IC/TTI</u> = Inventory control with tank tightness testing every 5 years. Daily “stick” measurements recorded and reconciled monthly. ONLY VALID FOR 10 YEARS AFTER INSTALLATION OF TANK.</p> <p><u>Manual</u> = Manual tank gauging alone may only be used for tanks 1000 gallons or less capacity</p> <p><u>Manual w/ Tightness Test</u> = Manual tank gauging with tank tightness testing every 5 years may only be used for tanks 2000 gallons or less capacity. ONLY VALID FOR 10 YEARS AFTER INSTALLATION.</p>
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## Storage Tank Underwriting Requirements

Required For All Accounts	Colony Specialty Storage Tank Application
	Release & Storage Tank Information from state website
	Three years of Currently Valued Loss Runs (Unless account is a Colony Specialty Renewal)
Required for Accounts with a Retroactive Date Other Than Inception	A Copy of the Expiring Policy (if not a Colony Specialty Renewal Account)
Required for Newly Installed Tanks or Tanks Returning to Service	Tank Tightness Test
	Line Tightness Test
Required for USTs 25-30 years old	A Passing Leak Detection Monitoring Report for Each Tank for Each of the Past Two Months
	Cathodic (within the last three years) or Internal Lining Certificate (within the last five years) if Applicable
Required for ASTs	Spill Prevention Control & Countermeasures (SPCC) Plan
	Confirmation of Secondary Containment

Additional Items May Be Necessary Based on a Full Underwriting Review of the Account

**GENERAL FRAUD STATEMENT**

**(Not applicable in the states mentioned below where a specific warning applies.)**

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

**Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, West Virginia**

Any person who knowingly and willfully 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.

**Colorado**

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 with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky**

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.

**New Jersey**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York**

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**Ohio**

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.

**Oklahoma**

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.

**Pennsylvania**

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.

**Maine, Tennessee, Virginia, Washington**

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.

**Signatures**

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Applicant's Signature

Date

Agent's or Broker's Name (Please print)

Telephone Number

Agents Signature

License No.

Date