



Storage Tank 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: _____

Telephone #: _____ Fax #: _____

URL: http:// _____ Date Established: _____

Company is: Corporation Partnership Joint Venture LLC/LLP
 Other: _____

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

Company Name:	Street Address City, State Zip Code:	No. of USTs at this location	No. of ASTs at this location	Known Pre-existing Contamination Present?* :

a. *If Yes, please provide details on a separate sheet. Include at a minimum:

- Prior Environmental Site Assessments (dates);
- Past, current, planned sampling/remediation; etc.

3. Please complete an **Storage Tank Inventory – By Location** form as attached to this application. (if more than one location – please make duplicates of this form and complete a separate form for each location).

4. Insured’s total gross revenues in the last filed tax return, excluding recovered expenses:

\$ _____ [for the period ending: month _____ year _____]

5. Insured’s estimated gross revenues for the current fiscal year: \$ _____

6. Desired effective date of coverage: _____

a. 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)

7. Limits of Liability and Deductible requested:

Limits of Liability:		Deductible:
Per Storage Tank Incident:	\$ _____	\$ _____ (per claim or corrective action cost)
Aggregate:	\$ _____	
Aggregate Legal Defense Expense Limit:	\$ _____	

8. Are any of the Insured’s Facilities located in the state of Florida? YES NO

9. 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 8 is answered yes)? N/A YES NO

10. Within the past five (5) years has the applicant purchased this type of insurance coverage? YES NO
 a. If “Yes”, please provide information regarding any such coverage and all available loss information.

11. Are the currently, or have there been historically, an hazardous, toxic, or regulated substances, stored at any of the locations for which application for insurance is being made other than these products: Gasoline, Diesel Fuel, Motor Oil, Fuel Oil, or Kerosene? YES NO

12. Were all of the tanks new at the time of installation? YES NO

13. Were any tanks ever removed or closed in placed at the location(s) where the scheduled tanks are currently located? YES NO
 a. 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

14. Does your company maintain a Spill Prevention and Counter Control plan with regard to any above-ground storage tanks for which coverage is sought? (if yes, please provide a copy) N/A YES NO

15. 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(ies) where the tanks you are seeking coverage for are located? YES NO

16. Within the past ten (10) years have any repairs or upgrades been performed on any tanks?
 YES NO
 a. Are all Underground Storage Tanks Compliant with 1998 regulations? YES NO
17. 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?
 YES NO
18. Does the applicant or other party to the proposed insurance have knowledge of any pollution conditions at any of the proposed covered locations?
 YES NO
19. 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

If "Yes" to either 11., and or 13, through 19. above, provide a description of the information, claim, or circumstance.

***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)