

Application For Environmental Impairment Liability Insurance For Petroleum Storage Tanks			
Facility Name:		Contact:	
Address, City, State, Zip:			
Email:		Phone:	
Applicant's Organization: <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> 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?..... (If yes, please describe.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2.	Is any location a RCRA treatment, storage, or disposal facility or a state or federal superfund site?..... (If yes, attach an explanation.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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?..... (If yes, attach an explanation.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4.	Has any location ever received a notice of regulatory violations, or sustained any pollution-related claims, liability lawsuits or complaints from neighbors?..... (If yes, attach an explanation.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5.	Has any location for which you are applying for coverage ever had a leak, spill, release or discharge of petroleum products?..... (If yes, provide the address of the location and describe any cleanup or corrective action achieved.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6.	If monitoring wells or observations wells are present, have petroleum vapors or products been detected in any well?..... (If yes, attach an explanation.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7.	Have any tanks or piping been replaced?..... (If yes, describe any soil, water or groundwater cleanup activities that were undertaken during the replacement and any cleanup levels that were achieved.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes

8.	Are tanks or piping scheduled to be replaced or upgraded?..... (If yes, please provide dates and details.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
9.	Are all tanks registered with the State?.....	<input type="checkbox"/> No	<input type="checkbox"/> 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?..... (If not, please explain.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Attachments

<input type="checkbox"/>	Attach copies of the results of any tank and piping system precision tightness tests performed within the last 12 months.
<input type="checkbox"/>	Attach copies of your facility's inventory and reconciliation records for each UNDERGROUND tank for the last 60 days.
<input type="checkbox"/>	If any UNDERGROUND tanks have been upgraded by interior lining, attach a copy of the lining warranty and pre-lining tests or inspections.
<input type="checkbox"/>	For ABOVE GROUND tanks, complete an Above Ground Tank Schedule.
<input type="checkbox"/>	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 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:		Contact:	
Address, City, State, Zip:			
Email:		Phone:	

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

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

12. Are there other petroleum storage tanks located within 1000 feet of this facility?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Address of adjoining facility:

13. Does this site have a waste oil or heating oil tank?..... (If yes, include on the Tank Schedule (page 4)).	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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14. Are any underground tanks inactive, closed or temporarily out-of-service?.....	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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List the name(s) of the out-of-service tanks:

(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?	
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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.

Underground Tank Schedule

Facility Name:		Contact:	
Address, City, State, Zip:			
Email:		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)		² LEAK DETECTION		³ PUMP	
SW=	Single Wall	ATG=	Auto Tank Gauging/Tank Monitor	SUC=	Suction
DW=	Double Wall	INT=	Interstitial Monitoring	PRS=	Pressurized with Leak Detector
		DIC=	Daily Inventory Control		
CPS=	Cathodic Protection	MVM=	Vapor Monitoring Wells	Other=	Specify
FRP=	Fiberglass	MGM=	Groundwater Monitoring Wells		
FCS=	FRP-Clad Steel	PTT=	Precision Tightness Test		
IL=	Lined (Provide Date)	SIR=	Statistical Inventory Reconciliation		
BS=	Bare, Painted or Asphalt Coated Steel	* indicate the number of wells & frequency of sampling			

Above Ground Tank Schedule

Facility Name:		Contact:	
Address, City, State, Zip:			
Email:		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.**

1.	Describe the type of containment (which tanks, diking material):		
2.	Indicate the capacity of the containment system:		
	Do any tanks share a secondary containment system?		
3.	Tank pad construction material (e.g., concrete, gravel, soil):		
4.	Are there plans to upgrade any tanks or piping?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5.	Have you prepared a SPCC (Spill) Plan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If no, describe your spill response procedures and spill control and containment materials maintained at your site:		

Tanks

Tank ID Number (Yours)				
Date Manufactured (Mo/Yr)				
Date Installed (Mo/Yr)				
Capacity (Gallons)				
Construction ¹				
Contents				
Overfill Protection ²				
Tank Base Elevated Above Ground? (Yes/No)				

Piping

Date Installed (Mo/Yr)				
Construction ¹				
Pump System ³				
Line Leak Detectors? (Yes/No)				
<u>Length of Piping Underground</u>				

¹CONSTRUCTION (Tank and Piping)

²OVERFILL DETECTION

³PUMP

SW=	Single Wall	IL=	Interior Lined Steel	AP=	Automatic Pump Shutoff	GRV=	Gravity Flow
DW=	Double Wall	GV=	Galvanized Steel	AL=	High Level Alarm	SUC=	Suction/Vacuum
V=	Vertical	FRP=	Fiberglass	DS=	Overfill Drain or Sump	PRS=	Pressurized
H=	Horizontal	P=	Polyethylene	NO=	None	Other	Specify

	CS=	Painted/Asphalt Coated	C=	Concrete	Other	Specify			
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ACCEPTABLE TANK TIGHTNESS TESTS

We will accept any test that has been independently certified to meet the ePA standard as established in the publication:

**Standard Test Procedures for Evaluation Leak Detection Methods –
Volumetric Tank Tightness Test Methods**

EPA/530/UST-90/010

These include the following:

- AES System II
- Ainlay Tank 'Tegrity Tester, Version S-3
- Gilbarco
- Leak Computer
- NDE Environmental, VPLT Test
- Petro Tite II
- Tankology
- US Test (for tanks less than 20,000 gallons capacity)
- Horner Ezy Chek III

There has been some consolidation in the tank testing industry in recent years, so some of these tests may not be available any more. Tests should be performed according to the manufacturer's protocols.