

# Storage Tank System Liability Application



PO Box 718 \* Camp Hill, PA 17001  
Phone 717-214-2800 \* FAX 717-214-2801

This is an application for a CLAIMS-MADE insurance policy covering Third-Party Liability and Cleanup Costs resulting from releases of pollutants from scheduled storage tank systems.

## Owner information

Named Insured

D&B D-U-N-S or FEIN number

Address

City

State

ZIP code

Telephone number

Fax number

Internet address

Contact

E-mail address

## Brokerage/Agency information

Please provide brokerage/agency information, if applicable.

Insurance agency

Address

City

State

ZIP code

Telephone number

Fax number

Contact

E-mail address

## Facility/Location information

Facility name/ID number

Address

City

State

ZIP code

Telephone number

Fax number

Contact responsible for environmental emergencies

PLEASE NOTE: Applicant is requested to attach a current Spill Prevention and Control Countermeasure (SPCC) Plan Certification page for the facility listed above.

1. Has there been a federal or state reportable quantity discharge, dispersal, release, escape, spill, or leak at this facility/location in the last ten years to the best of your knowledge?  Yes  No
- If remediation has been completed, please provide a case closure letter from the state regulatory agency or your environmental consultant.

2. Are there any tanks that hold more than 110 gallons at this location which are not listed on this application to the best of your knowledge?  Yes  No

**Be advised that all regulated tanks at a location must be insured in order for coverage to be provided.**

3. What category(ies) best characterizes operations at this facility/location? (check all that apply)

Gas station/Convenience store

Wholesale fuel distributor/loading rack

If checked, indicate the number of tanks

Less than or equal to three  Four to ten  More than ten

Marina

Vehicle dealer, repair or sales

Agriculture

Healthcare services

Municipal services

Airport

If checked, indicate the total number of Fixed Base Operators "FBOs", including applicant at the airport storing or distributing fuel

Less than or equal to three  Four to six  More than six

Other (specify)

Please complete an additional page 2 and 3 of this application for each facility/location that is being submitted by this Applicant.

## Tank schedule

### 4. Tank system schedule for Named Insured

Facility/Location ID			
Tank registration number or unique identifier			
Above ground (AST) or under ground (UST)	<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> AST <input type="checkbox"/> UST
What is the original tank installation date (mm/dd/yy)			
What is the capacity of the tank in gallons			
Is the tank single or double wall	<input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> Single <input type="checkbox"/> Double
For a UST system, what type of leak detection program has been implemented (including piping)	<input type="checkbox"/> Interstitial monitoring <input type="checkbox"/> Automatic tank gauge <input type="checkbox"/> Soil vapor monitoring <input type="checkbox"/> Groundwater monitor <input type="checkbox"/> Statistical inventory reconciliation* <input type="checkbox"/> Manual gauging* <input type="checkbox"/> Unknown*	<input type="checkbox"/> Interstitial monitoring <input type="checkbox"/> Automatic tank gauge <input type="checkbox"/> Soil vapor monitoring <input type="checkbox"/> Groundwater monitor <input type="checkbox"/> Statistical inventory reconciliation* <input type="checkbox"/> Manual gauging* <input type="checkbox"/> Unknown*	<input type="checkbox"/> Interstitial monitoring <input type="checkbox"/> Automatic tank gauge <input type="checkbox"/> Soil vapor monitoring <input type="checkbox"/> Groundwater monitor <input type="checkbox"/> Statistical inventory reconciliation* <input type="checkbox"/> Manual gauging* <input type="checkbox"/> Unknown*
* Document the date of the most recent tightness test and findings	Date <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Date <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Date <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Is the UST equipped with spill and overfill protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the UST have corrosion protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
What is the current content(s) of the tank	<input type="checkbox"/> Empty <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Aviation or jet fuel <input type="checkbox"/> Fuel oil <input type="checkbox"/> New lubricant oil <input type="checkbox"/> Waste oil <input type="checkbox"/> Other (specify) <input type="text"/>	<input type="checkbox"/> Empty <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Aviation or jet fuel <input type="checkbox"/> Fuel oil <input type="checkbox"/> New lubricant oil <input type="checkbox"/> Waste oil <input type="checkbox"/> Other (specify) <input type="text"/>	<input type="checkbox"/> Empty <input type="checkbox"/> Kerosene <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Aviation or jet fuel <input type="checkbox"/> Fuel oil <input type="checkbox"/> New lubricant oil <input type="checkbox"/> Waste oil <input type="checkbox"/> Other (specify) <input type="text"/>
If the tank is an AST, is it equipped with secondary containment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are there any plans to remove the tank within the next three years	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Who is your current carrier of pollution liability insurance

Please indicate the following:

6. Policy limits

\$500,000/1,000,000    \$1,000,000/1,000,000    \$1,000,000/2,000,000    Other

7. Deductible level

\$5,000    \$10,000    \$25,000    Other

To obtain a higher deductible, please include copies of audited financial statements for the last two years.

8. Retroactive date

Policy inception    Other — specify date (mm/dd/yy)

To obtain this retrospective coverage, please provide a copy of prior carrier's expiring declarations page and expiring schedule of storage tanks.

**The applicant represents that all statements in this application, including the attached tank schedule(s), are true and correct to the best of their knowledge and that no material or relevant facts have been suppressed or misstated and agrees that the policy, if issued, will be issued on the reliance of such representations. The applicant represents that due diligence has been conducted to know of the information listed on this application.**

#### **Notice to Arkansas and Louisiana Applicant**

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

#### **Notice to Colorado Applicant**

“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.”

#### **Notice to Florida Applicant**

“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 Applicant**

“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 Applicant**

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.”

#### **Notice to Nebraska Applicant**

“No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under the policy or contract unless such misrepresentation or warranty:

1. Was material;
2. Was made knowingly with the intent to deceive;
3. Was relied and acted upon by the company; and,
4. Deceived the company to its injury.

The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss.”

**Notice to New Jersey Applicant**

“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 Applicant**

“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 and criminal penalties.”

**Notice to New York Applicant**

“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 such violation.”

**Notice to Ohio Applicant**

“Any person who with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

**Notice to Oklahoma Applicant**

“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 Applicant**

“Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.”

**Notice of Pennsylvania Applicant**

“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 Applicant**

“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 coverage.”

**Notice to Virginia Applicant**

“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, fine and denial of insurance benefits.”

**Notice to Washington D.C. Applicant**

“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 fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

**Notice to All Other State Applicants**

“Any person who knowingly includes any false or misleading information for an insurance policy commits a fraudulent act and is subject to fines, imprisonment, or other criminal or civil penalties.”

**Completion of this form does not bind coverage. The applicant's acceptance of a quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance, should a policy be issued, and will become part of the policy. The applicant represents that due diligence has been conducted to know of the information listed on this application.**

Applicant’s signature (applicant’s authorized signature of a principal partner, director, officer or owner)

[Empty signature box]

Title

[Empty title box]

Date (mm/dd/yy)

[Empty date box]