

**STORAGE TANK THIRD PARTY LIABILITY,
CORRECTIVE ACTION AND
CLEANUP POLICY**



Leo
Risk Services

APPLICATION FOR INSURANCE

- Please answer all questions. If any section does not apply, please indicate with N/A. If more space is needed, please attach additional pages.
- This application must be signed and dated by an owner, principal or other duly authorized person.
- Please submit the following with this application:
 - Copies of underground storage tank and pipeline leak detection test results for the past 3 months for each underground storage tank and pipeline that is over 10 year old.
 - A copy of Declarations Page and Storage Tank Schedule for the expiring policy.
 - Loss Runs for the past 3 years.

PART I. APPLICANT

Named Insured:	
Mailing Address:	
City / State / Zip:	
Contact Person / Telephone / Fax:	
FEIN#:	
Company is a: <input type="checkbox"/> Corporation; <input type="checkbox"/> Partnership; <input type="checkbox"/> Joint Venture; <input type="checkbox"/> Other (please specify)	

PART II. COVERAGES

Existing Coverage: Does the account have an existing policy? Yes No, If Yes complete the following:
 Requesting Coverage as expiring? Yes No

Carrier	Eff. / Exp. Dates	Limits	Deductible	Retro-Date	Expiring Premium

Requested Coverage:

Effective Dates	Each Incident / Aggregate / Defense Limits	Deductible	Retro-Date
	/ /		

Total Number of Locations to be insured: _____

Additional Named Insureds

Name	Relationship

Additional Insureds

Name	Relationship

(Please remember to fill out Parts III, IV and V for each location)

PART III. LOCATIONS

Named Insured:	
Location Number:	_____ of _____
Location Name:	
Location Address:	
City / State / Zip:	

1. Use of Facility: Gas Station; Convenience Store, Airport; Marina; Hospital/Med. Ctr.;
 Auto Dealer; Fuel Terminal; Apartments/Condos; Manufacturing Facility; Retail;
 School; Other (please specify) _____

2. How many **underground storage tanks** will be scheduled at this location: _____

3. How many **aboveground storage tanks** will be scheduled at this location: _____

4. Do scheduled tanks supply day tanks or remote generators? Yes No If Yes, please provide details

5. Are there any tanks at this location that are NOT going to be scheduled on to this policy? Yes No
If yes, please provide details: _____

6. Is there a history of leaks or releases at this facility related to storage tanks? Yes No If yes, please describe and provide copies of remedial action completion or closure reports: _____

7. Is this site currently under investigation or remediation? Yes No If yes, please provide details:

8. Has any underground storage tank at this location been removed, closed in place or taken out of service? Yes No
If yes, please provide details: _____

9. Are there any plans to upgrade or remove a tank at this location over the next year? Yes No
If yes, please provide details: _____

PART IV. UNDERGROUND STORAGE TANK INFORMATION

Please complete a separate page for each location

Location Name:	
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(See chart below for instructions and abbreviations)

Tank # or ID	Year Installed	Tank Capacity (gallons)	Tank Wall Type	Tank Const.	Contents	Overfill Protection (Y/N)	Leak Detection	Regulatory Compliance (Y/N)	Tank Specific Retro Date	Tank Specific Deductible

1. If any of the above noted tanks require different retroactive dates or deductibles please describe:

Piping related questions for each tank listed above

Tank # or ID	Piping Wall Type	Piping Const.	Piping Leak Detect.	Is Length of Piping over 100ft? (Y/N)	If Length of Piping is over 100ft please describe, size, location and systems connected to the piping:

Wall Type	Construction (specify all that apply)	Contents	Regulatory Compliance	Leak Detection
DW (double) SW (single) R (relined)	F = Fiberglass S = Coated or Bare Steel F/S = ACT 100 (FRP Clad Steel) STI = (STI- P3) Steel Tank Institute T.P. FRP = Fiberglass Reinforced Plastic CPS = Cathodically Protected Steel O = Other (Please Specify)	G = Gasoline D = Diesel K = Kerosene NO = New Oil WO = Waste Oil HO = Heating Oil P = Propane JF = Jet Fuel A = Antifreeze O =Other (specify)	DENOTES A TANK MEETING US EPA TECHNICAL AND LEAK DETECTION STANDARDS	N =None ATM = Auto Tank Monitoring GW = Groundwater monitoring SIA = 3 rd Party Statistical Inventory Analysis IM = Interstitial Monitoring V = Vapor Monitoring TT = Annual Tightness

PART V. ABOVE GROUND STORAGE TANK INFORMATION

Please complete a separate page for each location

Location Name:	
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(See chart below for instructions and abbreviations)

Tank# or ID	Year Installed	Tank Capacity (gallons)	Tank Const	Base Const	Diking Const	Contents	Overfill Protection (Y/N)	Overfill Alarms (Y/N)	Leak Detection (Y/N)	Are tanks in a secure location (Y/N)	Tank Specific Retro date	Tank Specific Deductible

1. If any of the above noted tanks require different retroactive dates or deductibles please describe:

2. Have the aboveground storage tank bottoms ever been replaced? Yes No Not Applicable
3. Is there an SPCC plan in place? Yes No Not Applicable
If yes, are there regular inspections and maintenance performed as specified in the plan? Yes No
4. Do you wish to add coverage for piping on the Aboveground Storage Tanks listed above? Yes No

If yes, please complete piping section below associated with each tank above. If left blank, AST piping will be excluded. If no, you may skip the section below.

Tank #	Is piping 100% above ground (Y/N)	Piping Wall Type	Piping Construction	Piping Leak Detection (Y/N)	Is Length of Piping over 100ft? (Y/N)

Wall Type	Construction (specify all that apply)	Contents	AST Diking and/or Base Construction	Length of Piping
DW (double) SW (single) R (relined)	F = Fiberglass S = Coated or Bare Steel F/S = FRP Clad Steel STI = (STI- P3) Steel Tank Institute T.P. FRP = Fiberglass Reinforced Plastic CPS =Cathodically Protected Steel WS = Welded Steel PL - Plastic V =Vaulted O = Other (Please Specify)	G = Gasoline D = Diesel K = Kerosene NO = New Oil WO = Waste Oil HO = Heating Oil P =Propane JF = Jet Fuel A = Antifreeze O =Other (specify)	C = Concrete GR = Gravel E = Dirt/ Earth S = Steel containment unit PC = Packed Clay O = Other (Please Specify)	<100 Ft. Less than 100 ft. ≥100Ft. 100ft or more

PART VI. GENERAL QUESTIONS

1. Have you during the last five years, been prosecuted, or are you currently being prosecuted, for violations of any standard or law relating to the release or threatened release from the location of a regulated substance, hazardous waster or any other pollutant? Yes No

If yes, please describe: _____

2. Have any claims been made against you during the last five years for cleanup or response action regulated substances, or bodily injury or property damage, resulting from the release of regulated substances, hazardous waste from this location or any other locations owned or operated by you, into the environment. Please provide a brief description of the claim(s) and its disposition. If none, so state. Yes No

If yes, please describe: _____

3. At the time of the signing of this application, do you know of any facts or circumstances, which may reasonably be expected to result in a claim being asserted against your company for environmental cleanup or response, or for bodily injury or property damage arising from the release of pollutants into the environment?

If none, so state. Yes No

If yes, please describe: _____

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. ANY PERSON WHO KNOWINGLY INCLUDED ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

IF AN ORDER IS RECEIVED, THE APPLICATION IS ATTACHED TO THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

APPLICANT: _____ **Date:** _____
(signature of owner or officer)

APPLICANT: _____
(print name & title):

BROKER: _____ **Date:** _____
(print name of firm):

(address of brokerage firm)

(contact person & telephone number)