

Application

STORAGE TANK THIRD PARTY LIABILITY CORRECTIVE ACTION AND CLEANUP POLICY

EIL-UST



THE FOLLOWING ADDITIONAL DOCUMENTATION IS REQUIRED AS PART OF THE SUBMISSION FOR UNDERGROUND STORAGE TANKS IN ADDITION TO THE COMPLETED APPLICATION. SUBMISSIONS THAT DO NOT INCLUDE THIS INFORMATION CANNOT BE EVALUATED.

PLEASE INCLUDE:

1. TIGHTNESS TEST RESULTS FOR ALL TANKS AND PIPELINES.
2. CERTIFICATE OF COMPLIANCE ISSUED BY THE ENVIRONMENTAL QUALITY BOARD (CERTIFICADO DE CUMPLIMIENTO - JUNTA DE CALIDAD AMBIENTAL)
3. CERTIFICATE OF REGISTRATION ISSUED BY THE ENVIRONMENTAL QUALITY BOARD (CERTIFICADO DE REGISTRO - JUNTA DE CALIDAD AMBIENTAL)
4. THE MOST RECENT TWELVE (12) MONTHS OF GROUNDWATER OR SOIL VAPOR MONITORING RESULTS DATA OR STATISTICAL INVENTORY ANALYSIS.
5. IF TANK CONSTRUCTION IS "CATHODIC PROTECTED STEEL", PLEASE PROVIDE RECENT CERTIFICATE OF CATHODIC PROTECTION.
6. SITE PLAN IDENTIFYING EACH UNDERGROUND STORAGE TANK, ASSOCIATED PIPING, AND ANY SOIL/VAPOR MONITORING POINTS AND/OR GROUNDWATER MONITORING WELLS.
7. IF APPLICABLE, IDENTIFICATION OF ANY KNOWN OUT-OF-SERVICE, ABANDONED, OR REMOVED UNDERGROUND STORAGE TANKS ASSOCIATED WITH THE FACILITY, INCLUDING A SITE PLAN IDENTIFYING LOCATION OF TANKS AND ASSOCIATED PIPING AND REPORTS SUMMARIZING ABANDONMENT/REMOVAL.
8. IF APPLICABLE, ANY ENVIRONMENTAL AUDIT/ASSESSMENT REPORTS PREPARED FOR THE FACILITY.

This application must be completed in its entirety.

NOTICE: THIS APPLICATION IS FOR A SINGLE LOCATION. PLEASE ANSWER ALL QUESTIONS. ATTACH ADDITIONAL SHEETS OF PAPER IF NECESSARY. THIS POLICY PROVIDES DEFENSE EXPENSES SEPARATE FROM THE LIMIT OF LIABILITY THAT APPLIES TO LOSS, CORRECTIVE ACTION AND CLEANUP COSTS. NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. NAMED INSURED: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____

2. LOCATION NAME: _____

FACILITY ADDRESS: _____

PLEASE PROVIDE A SURVEY PLOT FOR THIS FACILITY.

3. LIST ALL CLAIMS MADE AGAINST YOU DURING THE PAST FIVE YEARS FOR CLEANUP, OR RESPONSE ACTION, OR BODILY INJURY OR PROPERTY DAMAGE, RESULTING FROM THE RELEASE OF REGULATED SUBSTANCES, HAZARDOUS WASTE OR ANY OTHER POLLUTANTS, FROM THIS LOCATION OR OTHER LOCATIONS OWNED OR OPERATED BY YOU, INTO THE ENVIRONMENT. PROVIDE A BRIEF DESCRIPTION OF THE CLAIM(S) AND ITS DISPOSITION. IF NONE, SO STATE.

4. 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 OR CLAIMS 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?

5. HAVE YOU DURING THE PAST FIVE YEARS HAD ANY REPORTABLE RELEASES OR SPILLS OF REGULATED SUBSTANCES, HAZARDOUS WASTE OR ANY OTHER POLLUTANTS, AS DEFINED BY APPLICABLE ENVIRONMENTAL STATUTES OR REGULATIONS? YES [] NO [] If yes, please describe.

6. HAVE YOU DURING THE LAST FIVE YEARS BEEN PROSECUTED, OR ARE YOU CURRENTLY BEING PROSECUTED, FOR CONTRAVENTION OF ANY STANDARD OR LAW RELATING TO THE RELEASE OR THREATENED RELEASE FROM THE LOCATION OF A REGULATED SUBSTANCE, HAZARDOUS WASTE OR ANY OTHER POLLUTANT? YES [] NO [] If yes, please give details.

7. IS THERE A HISTORY OF LEAKS OR RELEASES AT ANY OF YOUR FACILITIES NOT STATED ABOVE? YES [] NO [] If yes, please describe.

8. WERE ALL TANKS NEW AT INSTALLATION? YES [] NO []
If no, provide details regarding the date manufactured, and any upgrades or changes made to the tank since the date manufactured.

9. HAVE ANY REPAIRS OR UPGRADES (INCLUDING RELINING) BEEN PERFORMED WITHIN THE PAST TEN YEARS FOR ANY TANK AT ANY LOCATION?

YES [] NO [] If yes, please describe the repairs or upgrades performed?

10. PLEASE PROVIDE A COPY OF THE SPILL PREVENTION AND COUNTER CONTROL PLAN WITH REGARD TO THE ABOVEGROUND STORAGE TANKS IF ANY EXISTS. HAVE ANY INSPECTIONS OR MAINTENANCE PROCEDURES AS REQUIRED BY THE PLAN, NOT BEEN PERFORMED? YES [] NO []

If yes, please explain:

11. WERE ANY TANKS EVER REMOVED OR CLOSED AT ANY LOCATION? YES [] NO [] If yes, provide specific details as to why this occurred.

12. IF ABOVEGROUND TANKS ARE PRESENT, PLEASE DESCRIBE THE SECURITY MEASURES AT THE SITE TO PROTECT AGAINST THEFT AND VANDALISM.

13. STORAGE TANK & LOCATION SCHEDULE:

FACILITY I.D. # _____ FACILITY NAME _____

FACILITY ADDRESS _____ FACILITY TYPE _____

DO YOU (CIRCLE ONE) OWN OPERATE LEASE THIS FACILITY? IF NOT OWNED, PLEASE NAME THE OWNER. _____

	1	2	3	4	5
TANK#					
UST/AST					
INSTALL DATE YEAR					
CAPACITY (GALLONS)					
CONTENTS					
TANK CONSTRUCTION MATERIAL					
OVERFILL/SPILL PROTECTION					
TANK LEAK DETECTION					
AST DIKING & BASE CONSTRUCTION					
PIPING CONSTRUCTION MATERIAL					
PIPING CONSTRUCTION MATERIAL					

<p>CONTENTS G = Gasoline D = Diesel K = Kerosene WO = Waste Oil/ Used Oil FO = Fuel Oil C = Grades 5&6 bunker 'C' oils * Other, Identify</p>	<p>OVERFILL/SPILL PROTECTION BCV = Ball Check Valve SCB = Spill Containment Bucket OFF = Flow Shut-off TF = Tight Fill G/A = Level Gauges, High Level Alarms * Other, Identify</p>	<p>TANK LEAK DETECTION GW = Groundwater Monitoring wells W = Soil Vapor Monitoring Wells DW = Interstitial Space double wall tank ATG = Automatic Tank Gauging SIR = Statistical Inventory Reconciliation (SIR)(USTs) TT = Annual Tightness Test with Inventory (USTs) M = Manual Tank Gauging - UST AST / V = Visual Inspections of AST Systems AST / I = Interstitial Monitoring of AST Tank Bottom SPCC = SPCC Plan - AST</p>	<p>PIPING CONSTRUCTION MATERIAL S = Steel F = Fiberglass DW = Double walled CP = C/P with sacrificial anode or impressed current COAT = External Protective Coating ASM = Approved Synthetic Material * Other, Identify</p>
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<p>TANK CONSTRUCTION S = Steel F = Fiberglass F/S = Fiberglass Clad Steel Conc = Concrete Poly = Polyethylene CP/A = Cathodic Protection - Sacrificial Anode CP/C = Cathodic Protection - Impressed Current DW1 = Double Walled (DW) - Single Material DW2 = Double Walled (DW) - Dual Material DW3 = (DW) Synthetic Liner in tank construction Lined = Internal Lining N/P = (DW) Pipeless UST with secondary containment</p>	<p>AST DIKING & BASE CONSTRUCTION DB/1 = Concrete, Synthetic Material, clays DB/2 = Dirt/Earth * Other, identify</p>	<p>PIPING LEAK DETECTION P/E = Electronic Line Leak Detector with Flow Shutoff P/IM = Interstitial Monitoring - Piping Filter P/EX = External Monitoring P/MC = Mechanical Line Leak Detector P/DW = Interstitial Monitoring of double wall piping P/SP = Suction Pump Check Valve</p>
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14. ARE THERE ANY TANKS AT THIS LOCATION THAT WERE NOT INCLUDED IN THE TANK SCHEDULE? YES [] NO [] If yes, please describe.

15. DO YOU USE AN OUTSIDE CONTRACTOR OR FIRM FOR COMPLIANCE MANAGEMENT SERVICES? THIS INCLUDES, BUT IS NOT LIMITED TO, EQUIPMENT INSPECTION AND MONITORING, PROPER REGULATORY PAPERWORK COMPLETION, AND FILING, POOLING GAUGES AND MONTHLY MONITORING REPORTS FOR YOU? YES [] NO [] If yes, please give the name and phone # of the firm you use.

16. DO YOU USE A REMOTE MONITORING SYSTEM, WITH AN OUTSIDE VENDOR WHO RECEIVES AN ALARM WHEN A RELEASE OCCURS AND IS RESPONSIBLE FOR NOTIFYING THE APPROPRIATE PARTIES? YES [] NO [] If yes, please give the name of that vendor.

17. DO ANY PLANS EXIST TO REMOVE OR REPLACE ANY TANKS WITHIN THE NEXT YEAR? YES [] NO []
If yes, list when and why the removal or replacement is to occur:

18. DO YOU CURRENTLY HAVE POLLUTION LIABILITY INSURANCE COVERAGE FOR THE TANKS APPLIED FOR ON THIS APPLICATION? YES [] NO []
If so, please list below the name of the carrier, expiring premium, expiring deductible, retroactive date and limits of liability; or attach a copy of your current policy declarations page.

LIMITS DESIRED: (INCIDENT/ AGGREGATE)

[] \$500,000/\$1 MILLION [] \$1 MILLION/\$1 MILLION [] \$1 MILLION/\$2 MILLION
[] \$2 million/\$2 million [] OTHER

DEDUCTIBLE DESIRED: (EACH INCIDENT)

[] \$10,000 [] \$25,000 [] \$50,000
[] \$100,000 [] OTHER

FOR DEDUCTIBLES \$25,000 OR ABOVE, PLEASE INCLUDE YOUR MOST CURRENT AUDITED FINANCIAL STATEMENT.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

APPLICANT SIGNATURE: _____ PRINT NAME: _____

DATE: _____

PRODUCER COMPANY: _____

ADDRESS: _____

CONTACT PERSON: _____ TELEPHONE: _____

SIGNATURE OF BROKER OR AGENT: _____