

Application

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



EIL-AST

NOTICE: THIS APPLICATION IS FOR A SINGLE LOCATION. PLEASE ANSWER ALL QUESTIONS.

THIS POLICY PROVIDES THAT AN AGGREGATE DEFENSE EXPENSE LIMIT SEPARATE FROM THE LIMIT OF LIABILITY WHICH APPLIES TO LOSS AND CORRECTIVE ACTION COSTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. NAMED INSURED: _____ LOCATION NAME: _____

2. MAILING ADDRESS: _____

3. FACILITY ADDRESS: _____

4. USE OF FACILITY: _____

5. FACILITY IS: (please select one) [] LEASED [] OWNED

6. ABOVEGROUND STORAGE TANK SCHEDULE

TANK #	YEAR INSTALLED	CAPACITY (GALLONS)	CONSTRUCTION MATERIAL	CONTENTS	LAST DATE TESTED	TESTING METHOD

CONTENTS:
R = Regular Gasoline
U = Unleaded
D = Diesel
K = Kerosene
NO = New Oil
WO = Waste Oil
HO = Heating Oil

TANK CONSTRUCTION:
DW = Double Walled / Second. Cont.
F/S = Fiberglass Steel Composite
STI = STI P3
FRP = Single walled Fiberglass
S = Coated or Bare Steel
CP/S = Cathodically Protected Steel

7. PLEASE SPECIFY THE CONSTRUCTION OF THE BASE (CEMENT, GRAVEL, SAND) OF THE ABOVEGROUND STORAGE TANK:

8. DIKING CONSTRUCTION (CEMENT, EARTHEN, OTHER): PLEASE SPECIFY THE CONTAINMENT CAPACITY.

9. ARE THE PIPES 100% ABOVE GROUND? IF NO, HAS THE BELOW GROUND PIPING BEEN TIGHTNESS TESTED? WHEN?

10. HAVE THE ABOVEGROUND STORAGE TANK BOTTOMS BEEN RELINED? YES [] NO []
IF SO HOW MANY TIMES HAS THE TANK BEEN RELINED? _____

WAS THE CONTRACTOR A CERTIFIED RELINED? YES [] NO []
PLEASE PROVIDE THE NAME OF THE CERTIFIED CONTRACTOR AND THE REASON(S) WHY THE RELINING WAS PERFORMED.

11. PLEASE PROVIDE A COPY OF THE SPCC PLAN IF ONE IS AVAILABLE. ARE REGULAR INSPECTIONS AND MAINTENANCE PERFORMED AS SPECIFIED IN THE PLAN?

12. PLEASE PROVIDE A SURVEY PLAN (BLUEPRINT) FOR THIS FACILITY. ABOVEGROUND TANKS MAY BE SUBJECT TO PERIODIC INTEGRITY TESTING PER 40 CFR 112.7 (E)(2). HAVE THESE TANKS RECENTLY BEEN TESTED? YES [] NO [] PLEASE LIST THE LAST TEST DATE.

13. IS ANY TECHNOLOGY IN PLACE TO PREVENT OR DETECT A LEAK? YES [] NO [] If so, please identify the technology(ies).

14. 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.

15. IS THERE A HISTORY OF LEAKS OR RELEASES AT THIS FACILITY NOT STATED ABOVE: YES [] NO [] If yes, please describe.

16. LIST ALL CLAIMS MADE AGAINST YOU DURING THE PAST FIVE YEARS FOR CLEANUP OR RESPONSE ACTION, REGULATED SUBSTANCES, 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.

17. 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?

LIMITS DESIRED:

DEDUCTIBLE:

- | | | | | |
|--|--|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> \$500,000 / \$1,000,000 | <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 |
| <input type="checkbox"/> \$1,000,000 / \$2,000,000 | <input type="checkbox"/> \$2,000,000 / \$2,000,000 | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$250,000 | |

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY. IF AN ORDER IS RECEIVED, THE APPLICATION IS ATTACHED TO THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

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 of owner)

APPLICANT: _____
(Print name)

DATE: _____

PRODUCER: _____

DATE: _____