

The information collected in this worksheet will be utilized to complete an on-line application on your behalf.

Instructions:

- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks.
- This form must be completed, dated and signed by a principal of your Company.

IN ADDITION TO COMPLETING THIS APPLICATION, YOU MUST PROVIDE A TANK SCHEDULE THAT IDENTIFIES, AT A MINIMUM, THE FOLLOWING INFORMATION:

1. Name, address and ID# of each facility
2. Age, Size, Contents, and Construction (DW, Steel w/Cathodic Protection, FRP, ACT 100, STIP 3, or Bare Steel) of each UST.

Insured's Name: _____

Address: _____

City: _____

State: _____

Country: United States

ZIP: _____

Telephone #: _____

Email Address: _____ (optional)

Any Additional Insureds to be listed on the Policy? YES NO
(If yes, please identify the Additional Insured's here.):

Effective Date of Coverage _____ (Expiration Date will be 1 year from effective date)

Policy Limits (per incident/aggregate all incidents):

- \$500,000/\$1,000,000
- \$1,000,000/\$1,000,000
- \$1,000,000/\$2,000,000
- \$2,000,000/\$2,000,000
- \$2,000,000/\$4,000,000
- \$3,000,000/\$3,000,000
- \$4,000,000/\$4,000,000
- \$5,000,000/\$5,000,000

Per Incident Deductible:

- \$10,000
- \$25,000
- \$50,000*
- \$100,000*

*if either option is selected, you must provide past 2 years audited financial statements with this application

Total Number of Facilities with USTs to be covered under this Policy _____

Total Number of USTs to be covered under this Policy _____

1. Are all of your Tanks compliant for leak, spill, overfill, and corrosion protection in accordance with all current Federal, State, and Local Regulations? YES NO

2. At the time of signing this application, is any insured aware of any circumstances that may reasonably be expected to give rise to a claim against any insured, related to USTs or other pollution conditions? YES NO

TO BE COMPLETED BY BROKER

Does this submission pre-qualify for the ACE/FCP program? YES NO

By signing below, the undersigned warrants and represents to the insurer that the information contained in this application as well as any supplement information, including but not limited to storage tank schedule, is truthful and accurate and that the undersigned has exercised its best efforts in verifying the accuracy of the information. The undersigned hereby acknowledges that the information contained herein is material to the decision of the insurance company to issue a policy, and that the issuance of a policy by the insurer is in reliance upon the sufficiency and accuracy of this information.

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act. Such an act is a crime and subjects such person to criminal and civil penalties.

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Title

Date

Date

Signed by Licensed Resident Agent
(Where Required By Law)