



# Storage Tank Liability Coverage Application Worksheet UST Only

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.
- Check Yes or No answers.
- **Complete Facility/Storage Tank Inventory Supplemental Worksheets (1 for each Facility)**
- This form must be completed, dated and signed by a principal of your Company.

Insured's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: United States

ZIP: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is the Insured purchasing this coverage to satisfy financial responsibility requirements?  YES  NO

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)

Retroactive Date \_\_\_\_\_ (max 10 year prior to desired effective date)

Policy Limits (per incident/aggregate all incidents):

- \$500,000/\$1,000,000
- \$1,000,000/\$1,000,000** (Standard Option)
- \$1,000,000/\$2,000,000
- \$1,000,000/\$3,000,000
- \$1,000,000/\$4,000,000
- \$1,000,000/\$5,000,000
- \$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:

- \$2,500
- \$5,000** (Standard Option)
- \$10,000
- \$25,000

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

Total Number of USTs to be covered under this Policy \_\_\_\_\_

1. Does any insured to be covered under this proposed insurance currently have any plans to remove or close any USTs at any of the facilities for which coverage will be sought under this policy?  YES  NO
2. Are all of the insureds' USTs compliant for leak, spill, overfill, and corrosion protection in accordance with all applicable regulations?  YES  NO
3. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against any insured to be covered under this proposed insurance with respect to USTs or any other pollution conditions at any of the facilities where the USTs the insured(s) is (are) seeking coverage for are located?  YES  NO
4. Does the applicant have knowledge of pollution conditions actionable under current State or Federal regulations at any of the facilities where the tanks for which you are seeking coverage are located?  YES  NO
5. Within the past five (5) years, is any insured to be covered under this proposed insurance aware of any failed tank/piping integrity tests or any other negative monitoring system data for any of the USTs the insured(s) is (are) seeking coverage for?  YES  NO
6. 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?  YES  NO

**By signing below, the undersigned warrants and represents to the insurer that the information contained in this application worksheet as well as the Facility/Storage Tank Inventory Supplemental Worksheet(s) attached hereto are true and correct, 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 X
Print Name
Title
Date



Facility No. \_\_\_\_ of \_\_\_\_

# Storage Tank Liability Coverage Facility/Storage Tank Inventory UST Supplemental Worksheet

Facility Name: \_\_\_\_\_

No. of USTs at this facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ USA

ZIP: \_\_\_\_\_ Facility EPA ID #: \_\_\_\_\_

**Which form of Tank Maintenance/Record Keeping is utilized at this facility?**

- Statistically Inventory Reconciliation with Annual Tank Tightness Testing (SIR)
- Automatic Tank Gauging/Electronic Monitoring (ATG)

Do you have a Written Tank Management Plan for this Facility?  yes  no

**Loss History Information for this Facility:**

- No pollution related clean-ups or 3rd party claims at this facility in past 10 years
- Pollution at facility in past 10 years, resolved with regulatory closure

Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility?  yes  no

Tank No.	Installation Date	Tank Construction	Tank Size (gallons)	Tank Contents
		<input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass/Steel Clad <input type="checkbox"/> Steel w/ Cathodic Protection	<input type="checkbox"/> STP 3/4 or ACT 100 <input type="checkbox"/> Bare Steel	<input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other
		<input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass/Steel Clad <input type="checkbox"/> Steel w/ Cathodic Protection	<input type="checkbox"/> STP 3/4 or ACT 100 <input type="checkbox"/> Bare Steel	<input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other
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(use additional rows/pages as need)