



## Storage Tank Application

**Coverage is available on a claims made basis only.**

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details on a separate sheet of paper. All Applicants must sign the application where indicated.

SECTION I : WHOLESALE PRODUCER INFO		APPLICANT INFO			
Brokerage:		Name:			
Address:		Form:	Other ▼	FEIN #:	
		Address:			
Phone/Fax:		Phone/fax #:			
Email:		Email Address:			
Website:		Web Address:			
PRODUCER NAME:		PRIMARY CONTACT NAME:		Mr. ▼	
Date of Application:					
THE APPLICANT'S BUSINESS IS IN THE STATE OF:		<input type="checkbox"/> NY <input type="checkbox"/> MI <input type="checkbox"/> FL <input type="checkbox"/> NJ <input type="checkbox"/> TX <input type="checkbox"/> Other			
FACILITY IDENTIFICATION NUMBER(S):					

SECTION II. Coverage Specifications			
Policy Term:	Inception Date:	Expiration Date:	
Deductible / Self-Insured Retention Amount:	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$100,000	Limits of Liability:	<input type="checkbox"/> \$1,000,000 / \$1,000,000
	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000		<input type="checkbox"/> \$1,000,000 / \$2,000,000
Please check only one box.			

SECTION III. Claims		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have any claims been made previously (last five years) against the Applicant or reported under any Storage Tank policies?	Please check ONE box to the left.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Applicant aware of any incident, fact, circumstance, or situation including any act, error or omission that may result in a claim being made against it or any other person or entity for whom coverage is sought?	Please check ONE box to the left.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the Applicant, during the past five (5) years, had any reportable releases or spills of regulated substances, hazardous waste or any other pollutants, as defined by the applicable environmental statutes or regulations?	Please check ONE box to the left.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a history of leaks or releases not stated above, at any of the locations detailed in this Application?	Please check ONE box to the left.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has there ever been any contamination at your facility(ies) or on the property(ies) <b>during</b> your tenancy, operation and/or ownership of the facility(ies)/property(ies)?	Please check ONE box to the left.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has there ever been any contamination at your facility(ies) or on the property(ies) <b>prior</b> to your tenancy, operation and/or ownership of the facility(ies)/property(ies)?	Please check ONE box to the left.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been a party to any pollution-related claims, lawsuits citations, or complaints?	Please check ONE box to the left.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any claim, demand, suit or incident report been made at any time related to a pollution release from the site?	Please check ONE box to the left.

<b>SECTION IV. Additional Insureds - Number of additional insureds on policy:</b>		<b>0</b>

<b>SECTION V. Prior Insurance Information</b>		Check here if this section does not apply. <input type="checkbox"/>	
Expiration Date:		Expiring Premium:	
Carrier:		Retro Date:	
Limit of Liability:	<input type="checkbox"/> \$1,000,000 / \$1,000,000 <input type="checkbox"/> \$1,000,000 / \$2,000,000	Retention:	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000

<b>SECTION VI. Additional Storage Tank Information</b>			
<b>ADDITIONAL UST INFORMATION</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all storage tank systems in compliance with all Federal, State and Local Regulations?	Check ONE box at left.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do any plans exist to remove or replace any tanks within the next year?	Check ONE box at left.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all locations covered by a Spill Prevention, Control and Countermeasures (SPCC) plan?	Check ONE box at left.	
<b>Disregard space.</b>	Disregard this space.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the site now an airport or was it used as an airport in the past?	Please check ONE box to the left.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the site now a marina or is it within 1,000 feet of a body of water?	Please check ONE box to the left.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does any location have total capacity > 100,000 g. (i.e., Tank Farm)?	Please check ONE box to the left.	
<b>TOTAL NUMBER OF UST'S TO BE COVERED:</b>	<b>3</b>		

**PLEASE DO NOT PROCEED UNTIL ALL REQUIRED QUESTIONS ARE ANSWERED.**

**YOU HAVE LEFT 1 OR MORE QUESTIONS UNANSWERED**

Please check in the following sections:

I	II	III	N/A	V	VI
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<input type="checkbox"/>	<b>I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS AND MY ANSWERS ON THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF ANY OF THE RESPONSES (AS WELL AS ATTACHED TO THIS APPLICATION) THAT ARE MATERIAL TO THE RISK ASSUMED, MAY CAUSE THIS POLICY TO BECOME NULL AND VOID AND/OR MAY GIVE RISE TO RESCISSION OF THE POLICY. FURTHER, IT MAY BE A CRIME WITH SIGNIFICANT PENALTIES.</b>
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**NOTICE TO APPLICANT - PLEASE READ CAREFULLY**

**REPRESENTATIONS AND WARRANTIES**

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of my knowledge and that no material fact has been omitted or misstated. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such change, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signing of this application does not bind the applicant to purchase or the insurer to provide the insurance. Acceptance of the applicant by the company is required prior to quotation or binding of coverage or the issuance of a policy. It is agreed that this application and the reliance upon its contents shall be the basis of the issuance of a policy and shall be attached and made part of said policy.

**FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY SUBMITS AN APPLICATION OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE SUBJECT TO CIVIL OR CRIMINAL PENALTIES.**

**NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.**

**NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.**

**NOTICE TO DISTRICT OF COLUMBIA, MAINE, TENNESSEE, AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.**

**NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

**NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

**NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.**

**NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR SUCH VIOLATION.**

**NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.**

**NOTICE TO OREGON AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.**

**NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED.**

**I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS AND MY ANSWERS ON THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF ANY OF THE RESPONSES (AS WELL AS ATTACHED TO THIS APPLICATION) THAT ARE MATERIAL TO THE RISK ASSUMED, MAY CAUSE THIS POLICY TO BECOME NULL AND VOID AND/OR MAY GIVE RISE TO RESCISSION OF THE POLICY.**

Applicant's Signature:

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Applicant's Title:

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Producer Name:

\_\_\_\_\_

Producer Phone Number:

\_\_\_\_\_

Producer Fax Number

\_\_\_\_\_

Applicant's Printed Name:

\_\_\_\_\_

Date:

\_\_\_\_\_

Producer Address:

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