



STORAGE TANK POLLUTION APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

INSTRUCTIONS: This application is to be used when applying for Storage Tank Pollution coverage. Please complete all applicable sections of this application. Read all questions carefully and provide complete and accurate answers. Failure to provide complete or accurate information may result in delayed consideration of this application or denial of coverage. This application is not an insurance policy and the Company considering coverage reserves the right to reject any application for any reason. If additional space is needed, please attach details to this application on a separate piece of paper. All applicants must sign and date the application where indicated.

NOTICE: For certain policies and coverage parts issued, the limits of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or self-insured retention amount.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE COMPLETED APPLICATION:

1. Storage Tank Schedule Addendum must be completed for each location and tank seeking coverage.
2. Storage tank and line integrity test results dated within the last twelve (12) months;
3. Complete copies of any other storage tank or line testing or monitoring results;
4. Complete copies of any expiring storage tank policy, including unaltered declarations and all endorsements;
5. Detailed information regarding any prior releases, remediation or planned tank upgrades or replacement.

I. APPLICANT INFORMATION			
APPLICANT NAME:			DATE:
ADDRESS:			PHONE:
CITY:	STATE:	ZIP:	EMAIL:
ENTITY IS: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other (Please Explain)			WEBSITE:
Year Started:	Any DBAs or other Named Insureds:		

II. REQUESTED COVERAGE			
Requested Effective Date:		Policy Term:	
Requested Limits of Insurance:		Requested Deductible:	

III. EXISTING COVERAGE			
Effective Date:		Retroactive Date:	
Carrier:		Premium:	
Limits:		Deductible:	
Has the applicant, or have any of the subject facilities or storage tanks, ever had any type of storage tank insurance coverage cancelled for any reason, or has any application for such insurance ever been denied?			<input type="checkbox"/> YES <input type="checkbox"/> NO

IV. LOCATION INFORMATION				
Facility Name	Facility Address	Number of USTs	Number of ASTs	Facility Operations

**If additional facilities are seeking coverage, please continue this list with all required information on a separate sheet of paper.*

THE STORAGE TANK SCHEDULE ADDENDUM THAT IS ATTACHED TO THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY SEPARATELY FOR EACH FACILITY SHOWN ABOVE.

V. STORAGE TANK QUESTIONS	
1. Are all tanks in compliance with all current state and federal regulations? <i>(If "No", please provide full details separately)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Does the applicant have any open or pending notifications to any local, state or federal implementing agency? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you own all of the tanks? <i>(If "No", please provide full details separately)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are there any additional tanks at this location that are not described above or in attached schedules? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Were all storage tanks new at the time of their installation? <i>(If "No", please provide full details separately)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Are there any plans to close in place, temporarily close, upgrade or remove any storage tanks at any facility in the next eighteen (18) months? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have you received, requested or otherwise obtained any estimates, proposals or bids to replace, remove or close any storage tanks within the past twelve (12) months? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have there ever been any reportable releases, spills or other pollution events at this or any other owned/operated facility? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Have any storage tanks been previously removed or closed in place at any of the subject facilities? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Within the past twelve (12) months, has any on-site monitoring well or system shown an increase in contaminant levels? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Within the past twelve (12) months, has any sheen or free product been observed in any sumps, collars, spill bucket, or other containment? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Within the past twelve (12) months, has any potential contamination been suspected by odor, vapor or vapor testing? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Are all storage tanks active and in use at the time of completing this application? <i>(If "No", please provide a detailed explanation separately)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

VI. CLAIM/INCIDENT INFORMATION	
1. Has the applicant, or any person or entity applying as an insured, ever filed or been the subject of any bankruptcy, receivership, or insolvency proceedings? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. At the time of signing this application, is the applicant aware of any incident, event, occurrence, fact, circumstance or situation that could reasonably result in a claim or suit, demand, or requirement for cleanup being made against it or any other entity for which coverage is being sought? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have any environmental or pollution claims or suits ever been made against the applicant or any other entity for which coverage is being sought? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Has the applicant, or any other entity for which coverage is being sought, ever had a reportable release or spill of any regulated substance, hazardous materials, or any other pollutant, as defined by local, state or federal environmental statutes or regulations? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Has there ever been any violations, complaints, injunctions, contamination, remediation, corrective action or monitoring at any facility owned or operated by the applicant or any other entity for which coverage is being sought? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTICE TO 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 criminal and civil penalties.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 Authorities.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who knowingly and with intent to defraud, presents, causes to be presented or prepared with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain material false information concerning any fact material thereto; or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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 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.

NOTICE TO LOUISIANA 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 fines and confinement in prison.

NOTICE TO MAINE 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 MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK 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 each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO OKLAHOMA APPLICANTS: Warning: 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 (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON 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 materials thereto, may be guilty of a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.

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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

WARRANTY STATEMENT: This application does not bind the applicant to purchase, or the company to issue any insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued and it will be attached to and made part of the policy. The undersigned applicant declares that (s)he is authorized by the applicant to sign this application on behalf of all prospective insureds and that, to the best of his/her knowledge, the statements herein are true and accurate. The applicant agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the insurer of such and shall provide the insurer with information that would complete, update or correct the application and materials submitted therewith. The insurer may withdraw or modify any of the terms or conditions of coverage accordingly.

Signature:	Date:
Printed Name:	Title: