

Specialty Lines

UNDERWRITERS

1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226
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PETROLEUM STORAGE TANK POLLUTION LIABILITY Application for Claims Made Coverage

Named Insured: _____

Producer : _____

DBA: _____

Address/Phone: _____

Address: _____

Anticipated Effective Date: _____

Retro Date: _____

If we are being asked to maintain the current retro date please attach a copy of the dec page of the policy currently in force, showing the retro date. If various retro dates apply please fill in the dates on the tank data sheets as needed.

Limits: \$ 500,000 \$1,000,000
 \$1,000,000 \$2,000,000
 \$ 250,000 \$ 500,000 \$1,000,000

Per pollution incident
Annual Policy Aggregate
Defense limit per incident

- 1) How many years have you been in business? ____ 2) Is business a: Corporation Sole Proprietorship LLC Other
- 3) At the time this application was signed were you aware of any circumstances which may reasonably be expected to give rise to a claim under any coverage/policy? **No** ____ **Yes** ____ Please Explain:

- 4) Are there any plans to remove any of the tanks listed on the attached tank data sheet(s) in the next 12 months? **No** ____ **Yes** ____
Please Explain: _____

- 5) Are all tanks shown on the tank data sheet(s) operational and in use? **Yes** ____ **No** ____ Please Explain:

- 6) Are your tanks lined steel? **Yes** ____ **No** ____ If yes, please verify the date of the current lining certificate on file at the site
Date of lining certificate ____/____/____ (Regulations require lined tanks to be tested every 10 years.)
- 7) Are your tanks or lines cathodically protected steel (CPS)? **Yes** ____ **No** ____ If yes, please indicate date of current test you have on
site available for review ____/____/____ (Regulations require CPS to be tested every 3 years by a NACE certified tester)
- 8) Has there been any type of environmental incident at any of the sites listed on attached tank data sheets, that has NOT been reported
to the appropriate federal, state or local environmental agency? **No** ____ **Yes** ____ If yes, Please explain:

COMMENTS: Please enter any notes or comments below:

APPLICANT'S WARRANTY STATEMENT

The applicant represents that the above statements and attached information are true and correct to the best of their knowledge and that no material or relevant facts have been suppressed or misstated and agrees that the policy if issued, will be issued on the reliance of such representations. Completion of these forms does not bind coverage. Coverage can only be bound by the Company after review of all of the requested information. Any false or misleading information can be grounds for cancellation of coverage.

Applicant's Signature/Title: _____

Date: _____

PLEASE LIST SITE AND TANK INFORMATION ON THE ATTACHED TANK DATA SHEET

UNDERGROUND TANK DATA SHEET

List below, the tanks at your site(s) including details about removals, closures, temporary closures or new installations and also list changes that have been made to your tanks or piping from the original installation. Use additional sheets if needed.

SITE # _____ **SITE RETRO** _____

Site Name: _____

Location Address: _____

CHOOSE DEDUCTIBLE		
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000
<input type="checkbox"/> _____ Other		

Do you: Own Operate Lease

Distance from the site to nearest municipal or community well, aquifer or reservoir? _____

TANK # _____

Tank Construction (Use code) _____

Year Installed _____

Year Upgraded _____

Capacity _____

Contents _____

Leak Detection (Use code) _____

Overfill Prot/Spill Contain. (Yes or no) _____

PIPE/PUMP _____

Pipe Construction (Use Code) _____

Year Piping Installed _____

Pump Type (Press./Suction) _____

Line Leak Detection _____

(If Pump Type is Pressurized then Line Leak Detection will be either Electronic or Mechanical. If Pump Type is Suction, then N/A)

LIST ANY ADDITIONAL INSUREDS THAT APPLY AND THEIR RELATIONSHIP: _____

1) Are all of the tanks listed currently in compliance with federal, state or local environmental regulation? YES ____ NO ____

PLEASE EXPLAIN: _____

2) Has this site sustained any type of pollution incident including any leaks, spills, overfills or release of any kind?

YES ____ NO ____ PLEASE EXPLAIN: _____

3) Has this site been identified on any federal, state or local environmental agency list due to a confirmed or suspected discharge of pollutants? NO ____ YES ____ If YES, Please give case # _____ and attach complete copies of all data, reports and regulatory correspondence.

4) Has any form of subsurface assessment been completed at this facility? No ____ Yes ____ If yes check all that apply:

SOIL SAMPLING GROUNDWATER SAMPLING SOIL GAS SAMPLING

5) Was the assessment related to any of the following? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Property transaction | <input type="checkbox"/> Inventory shortage | <input type="checkbox"/> Hydrocarbon release on adjacent property |
| <input type="checkbox"/> Tank removal/replacement | <input type="checkbox"/> Suspected release | <input type="checkbox"/> Tank-in-place abandonment |
| <input type="checkbox"/> Failed tightness test | <input type="checkbox"/> Site environmental audit | <input type="checkbox"/> Risk management |
| <input type="checkbox"/> Detected release | <input type="checkbox"/> Confirmed release | <input type="checkbox"/> Other (attach additional sheets) |

ABOVE GROUND TANK DATA SHEET

List below, the tanks at your site(s) including details about removals, closures, temporary closures or new installations and also list changes that have been made to your tanks or piping from the original installation. Use additional sheets if needed.

SITE # _____

Site Name: _____

Location Address: _____

Product Supplier: _____

CHOOSE DEDUCTIBLE
<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> _____ Other

Do you: Own **Operate** **Lease**

TANK #	_____	_____	_____	_____	_____
Capacity	_____	_____	_____	_____	_____
Contents	_____	_____	_____	_____	_____
Year Installed	_____	_____	_____	_____	_____
Tank Construction	_____	_____	_____	_____	_____
Internal Protection	_____	_____	_____	_____	_____
External Protection	_____	_____	_____	_____	_____
Overfill Prevention	_____	_____	_____	_____	_____
Level Detection	_____	_____	_____	_____	_____
Diking Construction	_____	_____	_____	_____	_____
PIPE / PUMP					
Pipe Construction (Use Code)	_____	_____	_____	_____	_____
Year Piping Installed	_____	_____	_____	_____	_____
% Underground	_____	_____	_____	_____	_____

LIST ANY ADDITIONAL INSUREDS THAT APPLY AND THEIR RELATIONSHIP: _____

1) How long have you owned, rented or controlled this site? _____

2) How long has this site been involved in petroleum storage? _____

3) Type of operations at this site before your ownership or use? _____

4) Has this site ever had a product release? NO ___ YES ___ If yes, please explain: _____

5) Is this site in compliance with all federal, state and local environmental regulation? YES ___ NO ___ Please explain: _____

6) Are tanks operational and in use? YES ___ NO ___

7) Are there any plans to remove or replace tanks in the next 12 months? YES ___ NO ___

CODE DESCRIPTIONS

Under/Aboveground Tank Product Codes

PREM	Premium unleaded
MUL	Mid grade unleaded
UL	Regular unleaded
DSL	Diesel
K1	Kerosene
FO	Fuel Oil
Other	Refer to Site Schedule

Aboveground Pipe Construction Codes

FRP	Fiberglass
FCS	Fiberglass coated steel
CPS	Cathodically protected steel
GV	Galvanized Steel
COP	Copper
Other	Describe

Underground Tank Leak Detection Codes

ATG or AUTO	Automatic Tank Gauging
INT	Interstitial Monitoring (double wall only)
AGM	Automatic Groundwater Monitoring
AVM	Automatic Vapor Monitoring
SIR	Statistical Inventory Reconciliation
MIC	Manual Inventory Control
TTT or Test	Tank Tightness Testing

Underground Tank Construction Codes

FRP	Fiberglass
FLS	Fiberglass lined steel
FCS	Fiberglass coated steel
CPS	Cathodically protected steel
STIP3	Steel Tank Institute
OTHER	Refer to Site Schedule

Aboveground Tank Leak Detection Codes

FRP	Fiberglass
WS	Welded Steel
BS	Bare Steel
SS	Stainless Steel
PL	Plastic (PVC, ABS etc)
BI	Black Iron
EWS	Epoxy wrapped steel

Underground Pipe Construction Codes

FRP	Fiberglass
FCS	Fiberglass Coated Steel
FLX	Flexible
CPS	Cathodically Protected Steel
OTHER	Refer to site schedule

Above Ground Tank Overfill Protection Codes

AUTO	Automatic Shut off
ALARM	Audible/Visual Alarm
OTHER	Describe

Diking Construction Codes

CB	Concrete Block
PC	Poured Concrete
EARTH	Earthen
LINER	Mfg. Membrane Liner
OTHER	Describe

Aboveground tanks Internal and External Protection Codes

Internal - EL	Epoxy Lined
- Other	Refer to site schedule

External - PNT	Painted
- SAC	Sacrificial Anode
- IMP	Impressed Current
- Other	Refer to site schedule

Pump Type

PRESS	Pressurized
SUC	Suction

Line Leak Detection Code

If pressurized :	ELLD	Electronic	MLLD	Mechanical
If Suction:	None			

Flexible Piping Failure Prevention Checklist

The Underground storage tank industry has seen failures in double-walled flexible pipe systems increase significantly since 1995. Fortunately, many failures can be prevented by regularly inspecting and repairing the piping, leak detection and containment systems.

As part of the underwriting process we ask you to closely inspect your piping system at this time and continue to periodically perform this inspection.

This could prevent you costly repairs and down time!

Site Address: _____

Date/Initial

_____ I have inspected the automatic line leak detectors and they are functioning properly.

_____ I have inspected the secondary containment sumps and they are free of fuel, sheen, or strong odor.

_____ I have inspected the piping in the sump and they are not sticky, deformed, kinked, cracked, swollen or stretched.

_____ I have checked the secondary jacket of coaxial piping for signs of swelling or growth of the secondary jacket over the coupling ferrules. On coaxial systems where "test boots" are installed on the ferrules, the boots may appear compressed or swollen as a result of jacket growth.

_____ I have inspected the sensors and alarms and all are working properly.

Note any problems or equipment not performing properly:

Insured's Signature

Date