



STORAGE TANK LIABILITY APPLICATION

Named Insured: _____
 Contact Person for Inspection and Telephone Number: _____
 Mailing Address: _____
 Year Business Started: _____
 Website: _____
 EPA Identification Number/Facility Registration Number (if Applicable): _____
 Insured's Principal Business Operations: _____

Entity Type: Partnership Trust Individual Joint Venture LLC/LLP Other: _____

INSTRUCTIONS

- All Questions Must be Answered. Please Contact Your Agent if Assistance is Required.
- If Any Questions do Not Apply, Print or Type N/A in the Space Provided.
- Application Must be Signed and Dated by an Authorized Owner, Principal, Partner, Director or Risk Manager of the Insured.
- If Additional Space is Needed, Please Attach Details on a Separate Sheet Using the Insured's Letterhead.
- For Underground Storage Tanks, a Copy of Your State Tank Permit and Most Recent State Inspection is Required.

This Application is Not an Insurance Policy and the Insurance Company Affording Coverage Reserves the Right to Reject Any Application for Any Reason.

COVERAGE SPECIFICATIONS

Proposed Effective Date: _____ Retroactive Date (if Prior Environmental Coverage Exists): _____
 Desired Deductible: \$2,500 \$5,000 \$10,000 Other: _____
 Desired Limits of Liability: \$1 Mil / \$1 Mil \$1 Mil / \$2 Mil \$2 Mil / \$2 Mil Other: _____

PRIOR STORAGE TANK INSURANCE INFORMATION (Please Check Here if the Section Does Not Apply.)

Insurance Company	Policy Period	Retroactive Date	Limits of Liability	Deductible/SIR	Premium
				\$	\$
				\$	\$
				\$	\$

CLAIMS/COMPLIANCE HISTORY

If Additional Space is Needed to Answer Questions, Please Attach Additional Sheets and Reference the Question.

Have Any Claims Been Made Against the Applicant or Reported Under Any Storage Tank Policies? Yes No
 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? Yes No
 If Yes, Please Give Details: _____

Any Release, Spills or Leaks of Regulated Substances, Hazardous Waste or Any Other Pollutants as Defined by the Applicable Environmental Statutes or Regulations? Yes No

Any Groundwater Monitoring Wells? Yes No

Is Facility in Compliance With All Federal, State and Local Regulations? Yes No

Have Repairs/Upgrades (Including Relining) Been Performed Within the Past 20 Years? Yes No

If Yes, Why Were Repairs/Upgrades Performed? _____

Have There Been Tank Tightness Tests Performed on the Tanks in the Past 12 months? Yes No

If Yes, Please Supply Results: _____

Do Any Plans Exist to Remove or Replace Any Tanks With in the Next Year? Yes No

If Yes, List When and Why the Removal or Replacement is to Occur: _____

Were Any Tanks Ever Removed or Closed at This Location? Yes No

If Yes, Please Give Details: _____

Any Additional Tanks Not Described in the Following Tank Schedules? Yes No

If Yes, Please List or Attach Tank Schedule: _____

Any Remediation, Monitoring or Cleanup Associated With Any Past or Present Leak, Spill or Release? Yes No

If Yes, Please Give Details: _____

ABOVE GROUND STORAGE TANK SCHEDULE

(Please Check Here if the Section Does Not Apply.)

Location/Address of Tank	Tank I.D. #	Age	Tank Capacity (Gallons)	Tank Constr. Materials #1	Tank Contents #2	Testing Method #3	Secondary Contmt. #4	If Transfer Piping is Attached to Tank: Pipe Length, Age & Constr. Material

#1 Tank & Piping Construction Materials
 ST = Steel/Metal
 HPD = High Density Plastic
 FG = Fiberglass
 O = Other/Specify

#2 Tank Contents
 G = Gasoline
 A = Aviation Fuel
 WO = Waste Oil
 D = Diesel
 O = Oil
 K = Kerosene
 OT = Other/Specify

#3 Leak/Integrity Detection
 VIS = Visual
 RT = Radiographic Testing
 UT = Ultrasound Testing
 AET = Acoustic Emission Testing
 MPT = Magnetic Particle Testing
 PPT = Pneumatic Pressure Testing
 LPT = Liquid Penetrant Testing
 MTG = Manual Tank Gauging
 HT = Hydrostatic Testing

#4 Secondary Containment
 EB = Earthen Berm
 CB = Concrete Berm
 DW = Double Wall Tank
 O = Other/Specify

UNDERGROUND STORAGE TANK SCHEDULE

(Please Check Here if the Section Does Not Apply.)

Location/Address of Tank	Tank I.D. #	Tank Install Date	Tank Capacity (Gallons)	Tank Constr. Materials #1	Tank Piping Materials #1	Tank Contents #2	Monthly Leak Detection Method #3	Estimated Length of Piping Between Tank and Dispenser Pump

#1 Tank & Piping Construction Materials

- D/WS =Double Walled Steel
- FG S =Fiberglass Single Wall
- FG DW =Fiberglass Double Wall
- STI S =STI-P3 Single Wall
- STI DW =STI-P3 Double Wall
- F/S =Fiberglass/Plastic Coated Steel
- CP/S =Cathodically Protected Steel
- S =Bare Steel
- TFP =Thermoplastic Flexible Piping
- OT =Other/Specify

#2 Tank Contents

- G =Gasoline
- U =Unleaded
- WO=Waste Oil
- D =Diesel
- O =Oil
- OT =Other/Specify

#3 Leak Detection

- ATM = Auto Tank Monitoring
- SV = Soil Vapor Well
- IM = Interstitial Monitoring
- GW = Groundwater Monitoring
- OT = Other/Specify

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage terms and conditions offered by ISR may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede Any request or representations made prior to insurance.

Any persons 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.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: _____ Date: _____
 Print Name: _____ Title: _____



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