

PROGRAM UNDERWRITERS

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Fax: (717) 214-2801

Storage Tank Pollution Liability Insurance Application

This application is for a policy providing coverage on a claims made and reported basis. Payment of defense costs may erode the limits of liability depending upon the coverage listed and provided in the Declarations.

Instructions			
<ul style="list-style-type: none"> ▪ Please print clearly or type. ▪ Answer all questions completely. If any question(s) does not apply, enter "N/A" in the space provided. ▪ Complete Section 4 for each location. ▪ Complete Section 5 for each storage tank system. 	<ul style="list-style-type: none"> ▪ If additional space is needed to answer any question, attach details on a separate sheet using the first Named Insured's letterhead and reference the applicable section number. ▪ This application must be signed and dated by an authorized Owner, Principal, Partner, Director or Risk Manager of the first Named Insured. 		
Please submit the following information in addition to this application.			
<ul style="list-style-type: none"> ▪ Any environmental surveys; assessments; audits; storage tank inspections performed at any of the locations to be considered. Check box if none available: <input type="checkbox"/> ▪ If requesting a retention amount greater than \$25,000, submit the past two years of complete financial statements. 	<ul style="list-style-type: none"> ▪ To receive credit for retroactive dates, please submit the expiring carriers Declarations Page, Schedule of Forms, Schedule of Covered Locations and Covered Storage Tanks AND three years of currently valued pollution loss runs. Check box if none available: <input type="checkbox"/> 		
Request (select one)	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Endorse

Section 1. Applicant Information					
Applicant Name or Named Insured					
Address					
City			State		ZIP
Name of Contact			Title		
Telephone			E-mail		
Fax			Website		
Federal Employee Identification Number (FEIN)		-		Company is	

Standard Coverage					
Yes	No	Desired Storage Tank Coverage	Yes	No	Desired Location Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Storage tank system cleanup	<input type="checkbox"/>	<input type="checkbox"/>	Site specific cleanup
<input type="checkbox"/>	<input type="checkbox"/>	Storage tank system third party bodily injury & property damage	<input type="checkbox"/>	<input type="checkbox"/>	Site specific third party bodily injury & property damage

Optional Coverage					
Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Amended spills and overfills coverage	<input type="checkbox"/>	<input type="checkbox"/>	Natural resource damages
<input type="checkbox"/>	<input type="checkbox"/>	Business interruption	<input type="checkbox"/>	<input type="checkbox"/>	Off-site operations pollution liability coverage
<input type="checkbox"/>	<input type="checkbox"/>	Dedicated limits per location	<input type="checkbox"/>	<input type="checkbox"/>	Waste transportation liability coverage
<input type="checkbox"/>	<input type="checkbox"/>	Excess of state storage tank fund(s)	<input type="checkbox"/>	<input type="checkbox"/>	Non-owned disposal locations liability coverage
<input type="checkbox"/>	<input type="checkbox"/>	Other:			

Limits		Per Claim	Total All Claims	Retention	
Requested Limits	\$	\$		Type	<input type="checkbox"/> Deductible <input type="checkbox"/> SIR
Requested Defense Limits	\$	\$		Requested Amount	\$
Desired Policy Term	<input type="checkbox"/> One Year	<input type="checkbox"/> Two Years	<input type="checkbox"/> Three Years	Proposed Effective Date	

Section 2. Producer Information					
Producer				Commission	%
Address					
City		State		ZIP	
Contact		Title			
Telephone		Fax			
Email		Website			
Surplus Lines License Number		License State			
If surplus lines producer information is different than the producer information listed above, complete the following:					
Surplus Lines Producer					
Address					
City		State		ZIP	
Contact		Title			
Telephone		Fax			
Email		Website			
Surplus Lines License Number		License State			

Section 3. Other Insured's Information	<input type="checkbox"/> Check this box if this section does not apply.	
Other Insured entity name		
Relationship with applicant		
Other Insured's type of operation		
*If more than two (2) other insured entities are requested, submit the above underwriting information for each additional entity.		

Section 4. Location Information					
Location Name		Location Identification Number			
Address				<input type="checkbox"/> Check box if same as applicant address	
City		State		ZIP	
Contact		Title			
Telephone		Fax			
Email					
Type of Operation		Number of year's location has operated as such.			
Location owner	<input type="checkbox"/> Same as Applicant <input type="checkbox"/> Other:		Location operator	<input type="checkbox"/> Same as Applicant <input type="checkbox"/> Same as Owner <input type="checkbox"/> Other:	
Yes	No	Location			
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you ever had any pollution claims for bodily injury, property damage or cleanup costs including, but not limited to, claims by private persons, public entities, governmental agencies or other third parties? If "yes", provide an explanation and attach copies of applicable reports.			
<input type="checkbox"/>	<input type="checkbox"/>	2. Are you aware of any waste materials that have been disposed of or buried on or at this location? If "yes", provide details:			
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you have a Spill Prevention Control & Countermeasure (SPCC), Emergency Response or Storage Tank Management plan for this location? If "yes", attach a copy of applicable documents.			
<input type="checkbox"/>	<input type="checkbox"/>	4. Are there any abandoned, temporarily out of service, empty, out of use or inactive storage tank systems at this location? If "yes", provide details:			
*If coverage for more than one (1) location is requested, submit a completed Section 4 for each additional location.					

Section 5. Storage Tank System Information				<input type="checkbox"/> Check this box if this section does not apply.			
Location Identification Number							
Number of USTs at this location			Number of ASTs at this location				
Storage tank system owner		<input type="checkbox"/> Same as Applicant <input type="checkbox"/> Other:		Storage tank system operator		<input type="checkbox"/> Same as Applicant <input type="checkbox"/> Same as Owner <input type="checkbox"/> Other:	
Yes	No	Storage Tank System(s)					
<input type="checkbox"/>	<input type="checkbox"/>	1. At the time of signing this application, do all storage tank systems comply, at a minimum, with the United States Environmental Protection Agency's (US EPA) requirements regarding construction, overfill/spill protection and leak detection for tanks, piping and dispensing systems? If "no", provide details:					
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you have plans to upgrade, repair, remove or replace any of the storage tanks submitted for coverage in the next twelve (12) months? If "yes", attach a detailed description of the planned activities with a timeline for activities to be completed.					
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you use a remote monitoring system with an outside vendor, who receives an alarm when a release occurs and is responsible for notifying the appropriate parties? If "yes", provide:					
		Name of Firm					
		Contact		Telephone			
<input type="checkbox"/>	<input type="checkbox"/>	4. Are there any tanks at this location that are not registered with the applicable state regulatory agency or that are not included within this application? If "yes", provide details:					
<input type="checkbox"/>	<input type="checkbox"/>	5. Is the most recent annual storage tank site inspection report available? If "yes", attach a copy.					
Tank Details							
Tank Id							
Type		<input type="checkbox"/> UST <input type="checkbox"/> AST		<input type="checkbox"/> UST <input type="checkbox"/> AST		<input type="checkbox"/> UST <input type="checkbox"/> AST	
Original Installation Date							
Capacity (gallons)							
Contents							
Construction		<input type="checkbox"/> SW <input type="checkbox"/> DW		<input type="checkbox"/> SW <input type="checkbox"/> DW		<input type="checkbox"/> SW <input type="checkbox"/> DW	
Is tank equipped with secondary containment?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Piping Construction		<input type="checkbox"/> SW <input type="checkbox"/> DW		Diameter (inches)			
				Length (feet)			
Spill bucket installation date				Date of most recent spill bucket testing			
				Date of most recent spill bucket repair			
Average monthly thru put (gallons)				Automatic fuel delivery		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Frequency of fuel delivery			
*If coverage for more than four (4) storage tanks is requested, submit a completed Section 5 for each additional storage tank.							

Section 6. Compliance History and Future Plans

Yes	No									
<input type="checkbox"/>	<input type="checkbox"/>	1. During the past five (5) years, have you been cited or prosecuted for any violation of any applicable environmental law and/or federal, state or local regulation arising from the release or spill of hazardous substances, hazardous waste or any other pollutants? If "yes", provide details:								
<input type="checkbox"/>	<input type="checkbox"/>	2. Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at the present comply with? If "yes", provide details:								
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you been subject to third party claims as a result of a pollution event from a non-owned disposal facility? If "yes", provide details:								
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you perform any operations off-site? If "yes", provide details:								
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have an outside contractor, firm or one person who is responsible for environmental and/or compliance management services? If "yes", provide:								
		<table border="1"> <tr> <td>Name of Firm</td> <td></td> <td>Contact</td> <td></td> </tr> <tr> <td>Phone Number</td> <td></td> <td>E-mail</td> <td></td> </tr> </table>	Name of Firm		Contact		Phone Number		E-mail	
Name of Firm		Contact								
Phone Number		E-mail								
<input type="checkbox"/>	<input type="checkbox"/>	6. Are there any future plans to sell or sublease any of the locations and/or storage tank systems submitted for coverage? If "yes", provide details:								
<input type="checkbox"/>	<input type="checkbox"/>	7. Are there any plans for future development, improvement, excavation, betterment, demolition or plans for changes at any of the locations submitted for coverage? If "yes", provide details:								

Section 7. Notice to Applicant

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. The coverage applied for is solely as stated in the policy and any endorsement thereto, which provides coverage for cleanup costs, bodily injury and property damage liability coverage for claims first made against the insured and reported to the insurer, in writing, during the policy period. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

Applicant Signature	
Printed Name	
Title	
Date	

FRAUD WARNING

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 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: For your protection California law requires the following to appear on this form: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of regulatory agencies.

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

NOTICE TO 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 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.

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 RHODE ISLAND: 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 TENNESSEE 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 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

NOTICE TO ALL OTHER STATE 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.