# Storage Tank System Liability Application

One Liberty Plaza
165 Broadway
New York, New York 10006

**This is an application for a CLAIMS-MADE insurance policy covering Third-Party Liability and Cleanup Costs resulting from releases of pollutants from scheduled storage tank systems.**

## Owner information

Named Insured

D&B D-U-N-S or FEIN number

Address

City

State

ZIP code

Telephone number

Fax number

Internet address

Contact

E-mail address

## Brokerage/Agency information

Please provide brokerage/agency information, if applicable.

Insurance agency

Address

City

State

ZIP code

Telephone number

Fax number

Contact

E-mail address

**If you want to learn more about the compensation Zurich pays agents and brokers visit: http://www.zurichnaproducercompensation.com or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries**

## Facility/Location information

Facility name/ID number

Address

City | State | ZIP code

Telephone number | Fax number

Contact responsible for environmental emergencies

PLEASE NOTE: Applicant is requested to attach a current Spill Prevention and Control Countermeasure (SPCC) Plan Certification page for the facility listed above.

1. Has there been a federal or state reportable quantity discharge, dispersal, release, escape, spill, or leak at this facility/location in the last ten years to the best of your knowledge? ☐ Yes ☐ No

   If remediation has been completed, please provide a case closure letter from the state regulatory agency or your environmental consultant.

2. Are there any tanks that hold more than 110 gallons at this location which are not listed on this application to the best of your knowledge? ☐ Yes ☐ No

   **Be advised that all regulated tanks at a location must be insured in order for coverage to be provided.**

3. What category(ies) best characterizes operations at this facility/location? (check all that apply)
   - ☐ Gas station/Convenience store
   - ☐ Wholesale fuel distributor/loading rack

     If checked, indicate the number of tanks

     ☐ Less than or equal to three ☐ Four to ten ☐ More than ten
   - ☐ Marina
   - ☐ Vehicle dealer, repair or sales
   - ☐ Agriculture
   - ☐ Healthcare services
   - ☐ Municipal services
   - ☐ Airport

     If checked, indicate the total number of Fixed Base Operators “FBOs”, including applicant at the airport storing or distributing fuel

     ☐ Less than or equal to three ☐ Four to six ☐ More than six
   - ☐ Other (specify)

Please complete an additional page 2 and 3 of this application for each facility/location that is being submitted by this Applicant.

## Tank schedule

4. Tank system schedule for Named Insured

| | | | |
|---|---|---|---|
| Facility/Location ID | | | |
| Tank registration number or unique identifier | | | |
| Above ground (AST) or under ground (UST) | ☐ AST ☐ UST | ☐ AST ☐ UST | ☐ AST ☐ UST |
| What is the original tank installation date (mm/dd/yy) | | | |
| What is the capacity of the tank in gallons | | | |
| Is the tank single or double wall | ☐ Single ☐ Double | ☐ Single ☐ Double | ☐ Single ☐ Double |
| For a UST system, what type of leak detection program has been implemented (including piping) | ☐ Interstitial monitoring<br>☐ Automatic tank gauge<br>☐ Soil vapor monitoring<br>☐ Groundwater monitor<br>☐ Statistical inventory reconciliation*<br>☐ Manual gauging*<br>☐ Unknown* | ☐ Interstitial monitoring<br>☐ Automatic tank gauge<br>☐ Soil vapor monitoring<br>☐ Groundwater monitor<br>☐ Statistical inventory reconciliation*<br>☐ Manual gauging*<br>☐ Unknown* | ☐ Interstitial monitoring<br>☐ Automatic tank gauge<br>☐ Soil vapor monitoring<br>☐ Groundwater monitor<br>☐ Statistical inventory reconciliation*<br>☐ Manual gauging*<br>☐ Unknown* |
| * Document the date of the most recent tightness test and findings | Date ☐ Pass ☐ Fail | Date ☐ Pass ☐ Fail | Date ☐ Pass ☐ Fail |
| Is the UST equipped with spill and overfill protection | ☐ Yes ☐ No ☐ Unknown | ☐ Yes ☐ No ☐ Unknown | ☐ Yes ☐ No ☐ Unknown |
| Does the UST have corrosion protection | ☐ Yes ☐ No ☐ Unknown | ☐ Yes ☐ No ☐ Unknown | ☐ Yes ☐ No ☐ Unknown |
| What is the current content(s) of the tank | ☐ Empty ☐ Kerosene<br>☐ Diesel ☐ Gasoline<br>☐ Aviation or jet fuel<br>☐ Fuel oil<br>☐ New lubricant oil<br>☐ Waste oil<br>☐ Other (specify) | ☐ Empty ☐ Kerosene<br>☐ Diesel ☐ Gasoline<br>☐ Aviation or jet fuel<br>☐ Fuel oil<br>☐ New lubricant oil<br>☐ Waste oil<br>☐ Other (specify) | ☐ Empty ☐ Kerosene<br>☐ Diesel ☐ Gasoline<br>☐ Aviation or jet fuel<br>☐ Fuel oil<br>☐ New lubricant oil<br>☐ Waste oil<br>☐ Other (specify) |
| If the tank is an AST, is it equipped with secondary containment | ☐ Yes ☐ No ☐ Unknown | ☐ Yes ☐ No ☐ Unknown | ☐ Yes ☐ No ☐ Unknown |
| Are there any plans to remove the tank within the next three years | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |

5. Who is your current carrier of pollution liability insurance

Please indicate the following:

6. Policy limits

☐ $500,000/1,000,000 ☐ $1,000,000/1,000,000 ☐ $1,000,000/2,000,000 ☐ Other $

7. Deductible level

☐ $5,000 ☐ $10,000 ☐ $25,000 ☐ Other $

To obtain a higher deductible, please include copies of audited financial statements for the last two years.

8. Retroactive date

☐ Policy inception ☐ Other — specify date (mm/dd/yy)

To obtain this retrospective coverage, please provide a copy of prior carrier's expiring declarations page and expiring schedule of storage tanks.

**The applicant represents that all statements in this application, including the attached tank schedule(s), 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. The applicant represents that due diligence has been conducted to know of the information listed on this application.**

**Notice to Arkansas and Louisiana Applicant**

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**Notice to Colorado Applicant**

"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 agencies."

**Notice to Florida Applicant**

"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 Kentucky Applicant**

"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 Maine Applicant**

"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 Nebraska Applicant**

"No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under the policy or contract unless such misrepresentation or warranty:

1. Was material;
2. Was made knowingly with the intent to deceive;
3. Was relied and acted upon by the company; and,
4. Deceived the company to its injury.

The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss."

**Notice to New Jersey Applicant**

"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 Mexico Applicant**

"Any person who knowing 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 and criminal penalties."

**Notice to New York Applicant**

"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 Applicant**

"Any person who with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

**Notice to Oklahoma Applicant**

"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 Oregon Applicant**

"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 of Pennsylvania Applicant**

"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 Applicant**

"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 coverage."

**Notice to Virginia Applicant**

"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, fine and denial of insurance benefits."

**Notice to Washington D.C. Applicant**

"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 fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

**Notice to All Other State Applicants**

"Any person who knowingly includes any false or misleading information for an insurance policy commits a fraudulent act and is subject to fines, imprisonment, or other criminal or civil penalties."

**Completion of this form does not bind coverage. The applicant's acceptance of a quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance, should a policy be issued, and will become part of the policy. The applicant represents that due diligence has been conducted to know of the information listed on this application.**

Applicant's signature (applicant's authorized signature of a principal partner, director, officer or owner)

Title

Date (mm/dd/yy)