

Storage Tank Liability Coverage Application Worksheet AST Only

The information collected in this worksheet will be utilized to complete an on-line application on your behalf.

Instructions:

- Please type or print clearly.
 Answer **ALL** questions completely, leaving no blanks.
- Check Yes or No answers.
- Complete Facility/Storage Tank Inventory Supplemental Worksheets (1 for each Facility)
- This form must be completed, dated and signed by a principal of your Company.

Insured's Name:							
Address:							
City:							
State:							
Country:	<u>United St</u>	<u>ates</u>					
ZIP:							
FEIN:			· · · · · · · · · · · · · · · · · · ·				
Telephone #:							
Email Address:							
Industry Classification	on:	☐ Airport ☐ Automobile and or ☐ Petroleum Bulk St		rehicles	☐ Marinas ☐ Schools and Edu ☐ Gasoline Service		vices
Is the Insured purch	nasing this	coverage to satisfy f	inancial res	sponsibility requirem	nents?	☐ YES	□NO
		listed on the Policy?	e.):			YES	□NO
Are any of the Insur	eds faciliti	es located in the Sta	te of Florida	a?		☐ YES	□NO
Effective Date of Co	overage		(Expiration	n Date will be 1 year	from effective date	;)	
Retroactive Date			(max 10 ye	ear prior to desired	effective date)		
Policy Limits (per in	cident/agg	regate all incidents):		\$500,000/\$1,000 \$1,000,000/\$1,00 \$1,000,000/\$2,00 \$1,000,000/\$3,00 \$1,000,000/\$4,00 \$1,000,000/\$5,00 \$2,000,000/\$2,00 \$2,000,000/\$4,00 \$3,000,000/\$3,00 \$4,000,000/\$4,00	00,000 00,000 00,000 00,000 00,000 00,000 00,000 00,000		

Per	Incident Deductible:	∐\$2,500	∐\$5,000	□\$10,000	∐\$25,000	
Tota	al Number of Facility with	ASTs to be covered	under this Policy			
Tota	al Number of ASTs to be	covered under this F	Policy			
1.	Will any scheduled stora coverage is sought und	• ,		•	cilities for which	☐ YES ☐ NO
2.	Are all of your storage	tanks compliant with	all applicable Feder	ral, State, and local r	egulations?	☐ YES ☐ NO
3.	Within the past five (5) y proceedings) been brou	ight against any insu	red to be covered ui	nder this proposed ir	nsurance with	
	respect to storage tanks the insured(s) is (are) so	, ,	,	of the facilities where	e the storage tanks	☐ YES ☐ NO
4.	Does the applicant have regulations at any of the					☐ YES ☐ NO
5.	At the time of signing the be expected to give rise			ny circumstances tha	t may reasonably	☐ YES ☐ NO

By signing below, the undersigned warrants and represents to the insurer that the information contained in this application worksheet as well as the Facility/Storage Tank Inventory Supplemental Worksheet(s) attached hereto are true and correct, and that the undersigned has exercised its best efforts in verifying the accuracy of the information. The undersigned hereby acknowledges that the information contained herein is material to the decision of the insurance company to issue a policy, and that the issuance of a policy by the insurer is in reliance upon the sufficiency and accuracy of this information.

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals Information for the purpose of misleading, commits a fraudulent insurance act. Such an act is a crime and subjects such person to criminal and civil penalties.

Signature of Authorized Applicant
X
Print Name
Title
D 1
Date

SM
afe
kSi
'an
H
ACE

of
No.
Facility

Storage Tank Liability

AST Supplemental Worksheet	No. of ASTs at this facility:	Facility Name:
Facility/Storage Tank Inventory		quote no
Coverage		

State:	(leave blank if not applicable)
City:	Facility ID #:
Address:	ZIP:

NSA

ALL OTHER PACILITY ITES			Ves Ono	acility?	Type of racinity? Gods Station Do you have an SPCC for this Fa
sr ☐ ALL OTHER FACILITY TYPES	☐Fuel Storage/Transfe	irport Industrial	☐Marina □Ai	☐Convenience store	Type of Facility? ☐Gas station

Loss History Information for this Facility:

□ No pollution related clean-ups or 3rd party claims at this facility in past 10 years

□ Pollution at facility in past 10 years, resolved with regulatory closure

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Tank No.	Installation Date	AST Capacity (gallons)	AST Secondary Containment	Piping Secondary Containment	Automatic Overfill/Spill Protection and/or Electronic Leak Detection?	Tank Contents	
			☐ Permeable ☐ Impermeable ☐ None	□Yes □No	□ Yes □ No	☐Unleaded ☐Diesel ☐Waste Oil	☐ Fuel Oil ☐ Jet/Aviation ☐ Other
			☐ Permeable ☐ Impermeable ☐ None	□Yes □No	□ Yes □ No	☐ Unleaded ☐ Diesel ☐ Waste Oil	☐ Fuel Oil ☐ Jet/Aviation ☐ Other
			☐ Permeable ☐ Impermeable ☐ None	□Yes □No	□ Yes □ No	☐Unleaded ☐Diesel ☐Waste Oil	☐ Fuel Oil ☐ Jet/Aviation ☐ Other
			☐ Permeable ☐ Impermeable ☐ None	□Yes □No	□ Yes □ No	☐Unleaded ☐Diesel ☐Waste Oil	☐ Fuel Oil ☐ Jet/Aviation ☐ Other
			☐ Permeable ☐ Impermeable ☐ None	□Yes □No	□ Yes □ No	☐ Unleaded ☐ Diesel ☐ Waste Oil	☐ Fuel Oil ☐ Jet/Aviation ☐ Other
			☐ Permeable ☐ Impermeable ☐ None	□Ves □No	□ Yes □ No	☐ Unleaded ☐ Diesel ☐ Waste Oil	☐ Fuel Oil ☐ Jet/Aviation ☐ Other
			☐ Permeable ☐ Impermeable ☐ None	□Yes □No	□ Yes □ No	☐ Unleaded ☐ Diesel ☐ Waste Oil	☐ Fuel Oil ☐ Jet/Aviation ☐ Other
			☐ Permeable ☐ Impermeable ☐ None	□Yes □No	□ Yes □ No	☐Unleaded ☐Diesel ☐Waste Oil	☐ Fuel Oil ☐ Jet/Aviation ☐ Other
			☐ Permeable ☐ Impermeable ☐ None	□Yes □No	□ Yes □ No	☐Unleaded ☐Diesel ☐Waste Oil	☐ Fuel Oil ☐ Jet/Aviation ☐ Other
			☐ Permeable ☐ Impermeable ☐ None	□Yes □No	□ Yes □ No	☐Unleaded ☐Diesel ☐Waste Oil	☐ Fuel Oil ☐ Jet/Aviation ☐ Other

(use additional rows/pages as need)