

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: United States

ZIP: _____

FEIN: _____

Telephone #: _____

Email Address: _____

Industry Classification: Airport Convenience Store Marinas
 Automobile and other motor vehicles Schools and Educational Services
 Petroleum Bulk Stations and Terminals Gasoline Service Station

Is the Insured purchasing this coverage to satisfy financial responsibility requirements? YES NO

Any Additional Insureds to be listed on the Policy? YES NO
 (If yes, please identify the Additional Insured's here.):

Are any of the Insureds facilities located in the State of Florida? YES NO

Effective Date of Coverage _____ (Expiration Date will be 1 year from effective date)

Retroactive Date _____ (max 10 year prior to desired effective date)

Policy Limits (per incident/aggregate all incidents):

- \$500,000/\$1,000,000
- \$1,000,000/\$1,000,000
- \$1,000,000/\$2,000,000
- \$1,000,000/\$3,000,000
- \$1,000,000/\$4,000,000
- \$1,000,000/\$5,000,000
- \$2,000,000/\$2,000,000
- \$2,000,000/\$4,000,000
- \$3,000,000/\$3,000,000
- \$4,000,000/\$4,000,000
- \$5,000,000/\$5,000,000

Facility No. _____ of _____

quote no. _____

Facility Name: _____ No. of ASTs at this facility: _____

Address: _____ City: _____ State: _____ USA

ZIP: _____ Facility ID #: _____ (leave blank if not applicable)

Type of Facility? Gas station Convenience store Marina Airport Industrial Fuel Storage/Transfer ALL OTHER FACILITY TYPES

Do you have an SPCC for this Facility? yes no

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

Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility? yes no

Tank No.	Installation Date	AST Capacity (gallons)	AST Secondary Containment	Piping Secondary Containment	Automatic Overfill/Spill Protection and/or Electronic Leak Detection?	Tank Contents
		<input type="checkbox"/> Permeable <input type="checkbox"/> Impermeable <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fuel Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other	
		<input type="checkbox"/> Permeable <input type="checkbox"/> Impermeable <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fuel Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other	
		<input type="checkbox"/> Permeable <input type="checkbox"/> Impermeable <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fuel Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other	
		<input type="checkbox"/> Permeable <input type="checkbox"/> Impermeable <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fuel Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other	
		<input type="checkbox"/> Permeable <input type="checkbox"/> Impermeable <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fuel Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other	
		<input type="checkbox"/> Permeable <input type="checkbox"/> Impermeable <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fuel Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other	
		<input type="checkbox"/> Permeable <input type="checkbox"/> Impermeable <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fuel Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other	
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		<input type="checkbox"/> Permeable <input type="checkbox"/> Impermeable <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fuel Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other	
		<input type="checkbox"/> Permeable <input type="checkbox"/> Impermeable <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fuel Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other	

(use additional rows/pages as need)