

New business application for Storage Tank Liability coverage

Instructions:

1. Please answer all questions.
2. If space is insufficient, attach additional sheets of paper.
3. Have this Application signed and dated by an authorized owner, partner or director of the proposed First Named Insured. Attach a list of Insured(s) to be covered under this policy, relationship to the Applicant and/or an organizational chart.
4. The following items must be included for a complete submission:
 - a. Schedule of locations and storage tank inventory (see Attachment I). A separate spreadsheet containing all relevant tank system attributes can be used in lieu of completing Attachment I.
 - b. United States Environmental Protection Agency (“USEPA”) approved leak detection results for the three most recent consecutive months.
 - c. Currently valued Storage Tank Liability/Pollution Liability Loss Runs (if applicable) for the past five years, at a minimum.

Applicant:			
Address:			
City:	State:	Zip Code:	
Phone Number:			
Year Established:	Website:		
Contact Name:	Contact Title:		
Contact Telephone #:	Contact Email:		
Company is a(n):	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other:		

Section 2: Coverage Requested

Proposed Effective Date: _____

Proposed Retroactive Date: _____

Note: If retroactive date precedes proposed effective date, evidence of prior coverage must be provided. If retroactive date is location or tank specific, please leave blank and include each location/tank retroactive date on Attachment I.

Existing Coverage

Do you currently purchase Pollution Liability Insurance for the facilities and storage tanks for which this insurance is being sought? Yes No

(If yes, please complete the following and attach a copy of the expiring policy's declaration page)

Expiration Date	_____
Limits	\$ _____
Deductible	\$ _____
Claims-Made Retroactive Date (if applicable)	_____
Carrier	_____
Premium	\$ _____

Requested Coverage

	Deductible	Each Incident Limit	Coverage Section Limit of Liability
Storage Tank System Liability Protection	\$ _____	\$ _____	\$ _____
On-Site Clean-up Coverage ¹	\$ _____	\$ _____	\$ _____
Aggregate Defense (Separate Limit)	N/A	N/A	\$ _____

¹ On-site clean-up coverage is optional. It should only be selected if applicant desires on-site clean-up coverage for a pollution incident not related to a storage tank system. A maximum of \$1,000,000 can be considered for this coverage

Section 3: Additional Named Insured / Additional Insured

Please complete below or attach a list of Insured(s) to be covered under this policy and their relationship to the Applicant and/or include an organizational chart.

Will there be any additional Named Insureds that will be scheduled onto policy?
 (If yes, please complete the following Named Insured Schedule) Yes No

Named Insured	Relationship to Applicant
---------------	---------------------------

Will there be any Additional Insureds that will be scheduled onto policy?
 (If yes, please complete the following Additional Insured Schedule) Yes No

Additional Insured	Relationship to Applicant
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How many total locations to be covered? _____

How many total underground storage tanks ("USTs") to be covered? _____

How many total aboveground storage tanks ("ASTs") to be covered? _____

Is there any history of leaks or releases, either in active investigation/remediation, or closed with regulatory approval (i.e. NFA) at any location?
 (If yes, please include additional details below) Yes No

Have there been any Notices of Violations (NOVs) issued for any facility or any pollution related claims, lawsuits or complaints from any 3rd party?
 (If yes, please include additional details below) Yes No

Are there any tanks that have been removed, closed-in-place, out-of-service or inactive at any facility?
 (If yes, please include additional details below) Yes No

Are there any plans to remove any of the storage tanks within the next 12-months? *(If yes, please include additional details below)*

Yes No

Are all tanks in compliance with all applicable Federal/State/Local rules and regulations including, but not limited to, construction, leak detection, operation, maintenance, and inspection requirements?

Yes No

(If no, please provide details)

Section 5: Claims

During the last five years, has the applicant had any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants as defined by applicable environmental regulations? *(If yes, please provide details)*

Yes No

During the last five years, has the applicant been prosecuted or is the applicant currently being prosecuted for contravention of any standard or law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental regulations? *(If yes, please provide details)*

Yes No

Provide a brief description of the claim(s) and their disposition for all claims made against the applicant during the past 5 years for clean-up or response action, toxic tort or other bodily injury or property damage, **resulting from the release of** hazardous substances, hazardous waste, or other pollutants, from any insured location.

None to Report

At the time of signing this application, is the applicant's manager or supervisor responsible for environmental affairs, control or compliance or any officer, director, or partner of the applicant aware of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against the applicant for environmental clean-up, or for bodily injury or property damage arising from the release of pollutants into the environment? *(If yes, please provide details)*

Yes No

Section 6: Fraud Warning

It is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to the policy. If an order is received, the application is attached to the policy, so it is necessary that all questions be answered in detail. PLEASE READ THE APPROPRIATE STATE FRAUD NOTICES BELOW:

NOTICE TO APPLICANTS OF CANADA, AS WELL AS ALL U.S. JURISDICTIONS EXCEPT CALIFORNIA, COLORADO, DISTRICT OF COLUMBIA, FLORIDA, KANSAS, KENTUCKY, LOUISIANA, MAINE, MARYLAND, MINNESOTA, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, TENNESSEE, VERMONT, VIRGINIA AND WASHINGTON: ANY PERSON WHO KNOWINGLY, AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIAL FALSE INFORMATION OR CONCEALS FOR THE PURPOSES OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT 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 NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY, OHIO AND PENNSYLVANIA 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 AND WASHINGTON 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: 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 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 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 OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO TENNESSEE AND 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 VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

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.

Section 7: Warranty Statement

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

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. The applicant's acceptance of the insurer's Proposal and the insurer's written agreement to be bound are required to bind coverage and to issue a policy. It is agreed that this form shall be the basis of the contract should a policy be issued and will be attached to the policy and made a part thereof.

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

If an order to bind coverage is received, the application will be attached to the policy, so it is necessary that all questions be answered in detail.

The applicant understands and recognizes that this Policy is issued based upon the insurer's reliance on the accuracy of the information disclosed and the truth of the statements made herein and in the disclosure process.

The applicant further recognizes that any breach of the foregoing warranties could have a material adverse affect on the insurer.

The applicant further declares, warrants and represents that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

I hereby certify to the truth of the foregoing and that I am authorized to execute the foregoing warranty and representation on behalf of the applicant.

Applicant

Signature of Owner or Officer

Date

Print Name and Title



Victor Insurance Managers LLC

Victor Insurance Services LLC in MN | DBA in CA and NY: Victor Insurance Services | CA Ins. Lic. # 0156109

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**ATTACHMENT I
STORAGE TANK POLLUTION LIABILITY APPLICATION LOCATION AND
STORAGE TANK SPECIFIC INFORMATION**

(If more than one location, please duplicate form and complete for each facility)

Facility Information

Facility Name: _____ **Facility ID#:** _____
Facility Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Facility Type (i.e. Gas Station, Hospital, Marina, Airport, Auto Dealership, etc.): _____
Facility Retroactive Date, if applicable: _____
Optional On-Site Clean-up Coverage Yes No

Facility Specific Questions

Does this facility maintain a Spill Prevention Control and Countermeasure (SPCC) Plan? Yes No *(If yes, please attach as part of underwriting submission.)*

Storage Tank Specific Questions

Tank No.	UST/AST	Installation Year	Capacity (in gallons)	Tank Type	Tank Construction	Tank Leak Detection	Pipe Type	Pipe Construction	Pipe Leak Detection	Pipe Delivery System	AST Base Constr.	AST Diking Constr.	Contents	Retroactive Date (if Tank Specific)

Tank Type	Description
DW	Double Walled
SC	Secondary
SW	Containment Single Walled
Pipe Type	Description
DWP	Double Walled Piping
SCP	Secondary
SWP	Containment Single Walled Piping
Pipe Leak Detection	Description
ELLD	Electronic Line Leak Detector
MLLD	Mechanical Line Leak Detector
	Interstitial Monitoring

Tank/Pipe Construction	Description
BS	Bare Steel
C	Concrete
CPS	Cathodically Protected
FCS	Steel Fiberglass Coated
FRP	Steel Fiberglass Reinforce Plastic
AST Base/Diking Constr.	Description
Imp	Impermeable (Concrete, Clay, Syn. Material)
Perm	Permeable (Dirt, Earth, Gravel)
N	None

Tank Leak Detection	Description
IM	Interstitial Monitoring Statistical
SIR	Inventory Monitoring Automatic
ATG	Tank Gauging Manual Tank
MTG	Gauging Groundwater
GM	Monitoring Vapor Monitoring
VM	Annual Tightness Testing
ATT	Visual Inspection (AST Only)
VI	
Pipe Delivery	Description
ASP	American Suction piping
ESP	European Suction Piping
PP	Pressurized Piping

Contents	Description
AF	Aviation Fuel
ATF	Automatic Trans. Fluid
C/A	Coolant/Antifreeze
D	Diesel
FO	Fuel Oil
G	Gasoline
K	Kerosene
NO	New Oil
O	Other (Please describe)
WO	Waste Oil/Used Oil