# RLI ENVIRONMENTAL INSURANCE

# **Environmental Solutions for a Greener World**

# STORAGE TANK LIABILITY APPLICATION

### **INSTRUCTIONS:**

- Please print or type clearly.
- All questions must be answered. Please contact your agent if assistance is required.
- If any questions do not apply, print or type "N/A" in the space provided.
- This application must be signed and dated by an authorized Owner, Principal, Partner, Director or Risk Manager of the Insured.
- If additional space is needed to answer the question, please attach details on a separate sheet using the Insured's letterhead.
- For underground storage tanks, a copy of your State tank permit and most recent State inspection is required.

This application is not an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, please attach details on a separate sheet of paper.

reason. If additional space is needed, please attach details on a separate sheet of paper.								
APPLICANT INFORMATION								
Applicant Name:								
Insured Name (If different than above):								
Street Address (Please do not provide only a P.O. Box):								
City:	State: Zip Code:							
Name of Contact:		Title	:					
Telephone:		Fax:						
EPA Identification Number/Facili	ity Registration	n Number (if applicable)	:					
Insured's Principal Business Operations:								
Entity Type: Partnership	Trust	Individual Join	nt Venture L	LC/LLP (	Other:			
COVERAGE SPECIFICATIONS								
Proposed Effective Date: Retroactive Date (If prior environmental coverage exists):								
Desired Deductible: \$2,500 \$5,000 \$10,000 Other:								
Desired Limits of Liability: \$1 mil/\$1 mil \$1 mil/\$2 mil \$2 mil/\$2 mil Other:								
PRIOR STORAGE TANK INSURANCE INFORMATION Please check here if this section does not apply.								
Insurance Carrier		Term	Retroactive Date	Limits Of Liability	Deductible/ SIR	Premium		
					\$	\$		
					\$	\$		
					\$	\$		

All questions must be answered. Please contact your agent if assistance is required.

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	AIMS/COMPLIANCE HISTORY If additional space is needed to answer a question on the page below, please attach ad rence the question number.	ditional she	eets and
1.	Have any claims been made previously against the Applicant or reported under any Storage Tank Policies?	Yes	☐ No
2.	Is the Applicant aware of any incident, fact, circumstance, or situation including any act, error or omission that may result in a claim being made against it or any other person or entity for whom coverage is sought? If "Yes," please provide full details.	Yes	☐ No
3.	Has the Applicant had any release, spills or leaks of regulated substances, hazardous waste or any other pollutants, as defined by the applicable environmental statutes or regulations?	Yes	☐ No
4.	Are there any groundwater monitoring wells at any of the locations for which coverage is desired?	Yes	☐ No
5.	Is the Applicant's facility in compliance with all Federal, State and Local Regulations?	Yes	No
6.	Have any repairs or upgrades (including relining) been performed within the past twenty (20) years for any tank at this location? If "Yes," why were the repairs or updates performed?	Yes	No
7.	Have there been tank tightness tests performed on the tanks at this facility in the past twelve (12) months? If "Yes," please supply results.	Yes	☐ No
8.	Do any plans exist to remove or replace any tanks within the next year? If "Yes," list when the removal or replacement is to occur and why such actions are being performed.	Yes	☐ No
9.	Were any tanks ever removed or closed at this location? If "Yes," provide details as to why this occurred.	Yes	☐ No
10.	Are there any additional tanks at this location that are not described in the following tank schedules? If "Yes," please list below or attach tank schedule.	Yes	☐ No
11.	Is there any remediation, monitoring or cleanup associated with any past or present leak, spill or release at any of the locations for which coverage is desired? If "Yes," please provide full details.	Yes	☐ No

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ABOVE GROUND TANK SCHEDULE  (Please copy this section if the section is the section is the section if the section is the secti				Please check here if this section does not apply.  if necessary to include all tanks)					
Location Address Of Tank	Tank I.D. #	Age	Tank Capacity (Gallons)	Tank Constr. Materials *1	Tank Contents *2	Testing Method *3	Secondary Containment *4	If transfer piping is attached to the tank, please provide length of piping, age, & construction material	

# \*1 TANK & PIPING CONSTRUCTION MATERIALS

ST = Steel/metal

HPD = High Density Plastic

FG = Fiberglass

O = Other, please specify

### \*2 CONTENTS

G = Gasoline

A = Aviation Fuel

WO = Waste Oil

D = Diesel

O = Oil

K = Kerosene

OT = Other, please specify

# \*3 LEAK/INTEGRITY DETECTION

VIS = Visual

RT = Radiographic Testing

UT = Ultrasound Testing

AET = Acoustic Emission Testing

MPT = Magnetic Particle Testing

PPT = Pneumatic Pressure Testing

LPT = Liquid Penetrant Testing MTG = Manual Tank Gauging

HT = Hydrostatic Testing

### \*4 SECONDARY CONTAINMENT

EB = Earthen Berm

CB = Concrete Berm

DW = Double Wall Tank

O = Other, please specify

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UNDERGROUND STORAGE TANK SCHEDULE  (Please copy this section if necessary to include all tanks)  Please check here if this section does not apply.				ply.				
Location Address Of Tank	Tank I.D. #	Tank Installation Date	Tank Capacity (Gallons)	Tank Constr. Materials *1	Piping Constr. Materials *1	Tank Contents *2	Monthly Leak Detection Method *3	Estimated length of piping between tank and dispenser pump

### \*1 TANK & PIPING CONSTRUCTION MATERIALS

D/W S Double Walled Steel = FG S Fiberglass single wall FGDW =Fiberglass double wall STI S STI-P3 single wall STI DW = STI-P3 double wall

F/S Fiberglass/plastic coated steel CP/S Cathodically Protected Steel

S Bare Steel

**TFP** Thermoplastic Flexible Piping

OT Other, please specify

### \*2 CONTENTS

\*3 LEAK DETECTION G = Regular Gasoline ATM = Auto Tank Monitor Unleaded = Soil Vapor Well WO = Waste Oil IM = Interstitial Monitoring = Diesel GW D = Groundwater Monitoring O = Oil OT = Other, please specify OT = Other, please specify

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#### FRAUD WARNING

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 FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IN THE DISTRICT OF COLUMBIA, 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

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.

Producer's Signature	Producer's Name (Please Print)
Applicant's Signature	Applicant's Name (Please Print)
Date Signed By Applicant	

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