

Storage Tank System Liability Renewal Application

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

Name Insured

Policy Number

Address

City

Province

Postal Code

1. Have any tanks or facilities been added in the past 12 months? Yes No
If "Yes", please complete the attached new application form for the added facilities.
2. Have there been any new spills, leaks or releases of pollutants at any of the scheduled locations listed on the attached schedule of locations/tanks in the past 12 months to the best of your knowledge? Yes No
If "Yes", please provide an updated environmental report or closure letter.
3. Has the type of contents of any of the scheduled tanks changed in the past 12 months? Yes No
Have any scheduled tanks been removed in the past 12 months? Yes No
Are there any other changes that should be made to the scheduled tanks on the tank schedule? Yes No
If "yes", to any of these questions, please make the necessary corrections on the attached tank schedule.

4. Are there any plans at the scheduled locations to remove or upgrade described tanks within the next 3 years. If "Yes", please describe. Yes No
(Attach additional sheets if necessary).

5. Are there any tanks at the scheduled locations that are not listed on this application to the best of your knowledge? If "Yes", please complete the attached new application form. Yes No

6. Is the Applicant aware of any fact, circumstance or situation which could result in claims being made against it or any other person or entity for whom coverage will be sought.? Yes No
If "Yes", please describe.
(Attach additional sheets if necessary).

The applicant represents that all statements are true and correct to the best of his or her 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. Completion of this form does not bind coverage. The applicant's acceptance of a quotation is required prior to binding coverage and policy issuance.

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

Title

Date