

## Storage Tank System Liability 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.**

### Instructions

1. Please answer all questions. If any selection does not apply, please indicate with N/A.
  
2. If space is insufficient, please attach additional sheets of paper.
  
3. Have this Application signed and dated by an authorized owner, partner, director, or risk manager of the proposed first Name Insured. For purposes of this Application, Applicant shall mean the person or entity making application for insurance and shall be deemed to include any person or entity proposed for insurance. Applicant shall also be deemed to include other persons or entities for which a proposed insured may be held legally liable including but not limited to an insured while acting within the scope of his or her duties for the proposed insured.
  
4. The following items must be included for a complete submission:
  - (a) This Application.
  - (b) Financial statements.
    - Two years of audited financial statements for deductibles in excess of \$25,000.
    - Two years of audited financial statements for limit of liability options in excess of \$2,000,000.
  - (c) Currently valued pollution liability loss runs for the past three years.
  - (d) Provide a copy of the prior carrier's expiring declarations page and expiring schedule of locations and/or tanks for analysis of retrospective coverage.
  - (e) If remediation has been completed at any of the submitted locations, please provide a case closure letter from the federal, provincial or local regulatory agency or your environmental consultant.
  - (f) If there are plans to upgrade any of the submitted storage tank systems, please provide a detailed description and timeline of the upgrade activities.
  - (g) Additional insured's
    - Name and address.
    - Relationship to the Name Insured.

**A. General Information**

Name insured:					
Name insured entity designation with respect to the storage tank system(s):	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input type="checkbox"/> Other:		
Address:					
City:		Province:		Postal Code:	
Contact name:					
Telephone number:		Fax number:			
E-mail:					
Web address:					

**B. Coverage Information**

Requested policy term	Effective Date:		Expiration Date:	
Limit of liability:	<input type="checkbox"/> \$1,000,000/\$1,000,000 <input type="checkbox"/> \$2,000,000/\$2,000,000 <input type="checkbox"/> Other: <input type="text"/>			
Deductible:	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other: <input type="text"/>			
Who is your current carrier of pollution liability insurance?				
Do you anticipate utilizing a premium finance company for the policy premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
During the last three (3) years, has any pollution insurance been declined or cancelled? If "yes", provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

**C. Additional insured's.**

Are there any additional insured's requested? If "yes", attach a listing detailing the additional insured entity's name, address and relationship to the Name Insured.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## D. Facility / Location Information

Please complete page 3 and 4 of this application for each facility/location that is being submitted by this Applicant. Be advised that all regulated tanks at a facility/location must be insured in order for coverage to be provided.

Facility entity designation with respect to the storage tank system(s):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Other:			
Address:				
City:		Province:		Postal Code:
Is this location to be insured located within 1km of any water course and/or Agricultural land (Please provide details).				
Contact responsible for environmental emergencies:				
Telephone number:		Fax number:		
Are there any tanks that hold more than 1,500 litres at this location which are not listed on this application to the best of your knowledge?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
What category(ies) best characterizes operations at this facility/location? (check all that apply)				
<input type="checkbox"/> Agriculture. <input type="checkbox"/> Airport: Indicate the number of fixed based operators at the location: <input type="checkbox"/> Less than or equal to three. <input type="checkbox"/> Four to six. <input type="checkbox"/> More than six.	<input type="checkbox"/> Convenience store. <input type="checkbox"/> Gas station. <input type="checkbox"/> Healthcare services. <input type="checkbox"/> Manufacturing. <input type="checkbox"/> Marina. <input type="checkbox"/> Municipal services. <input type="checkbox"/> Vehicle dealer, repair or sales.	<input type="checkbox"/> Wholesale fuel distributor: Indicate the number of tanks: <input type="checkbox"/> Less than or equal to three <input type="checkbox"/> Four to ten. <input type="checkbox"/> More than ten.		
<input type="checkbox"/> Other If "other", provide a detailed description of the type of operation at this facility/location and the related use of the storage tank system. (Attach additional sheets if necessary).				
Have you, during the last five years, been cited or prosecuted for any violation of any standard or law relating to the submitted storage tank systems at this location? If "yes", please describe in detail.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you, during the last five years, been cited or prosecuted for any violation of any standard or law relating to the release of a substance into the environment? If "yes", describe any environmental incidents (spills or releases) which have occurred in the last 5 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe any environmental claims which you have been involved in during the last five years. (Attach additional sheets if necessary).	<input type="checkbox"/> None			
Is the Applicant aware of any fact, circumstance or situation which may reasonably be expected to give rise to a claim under this policy? If "yes", please describe in detail.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any environmental emergency or spill prevention and counter control plan available for this location? If "yes", Please provide a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**E. Tank schedule.**

Please complete page 4 of this application for each tank that is being submitted by this Applicant.

Facility/Location ID:				
Tank position:	<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> AST <input type="checkbox"/> UST	<input type="checkbox"/> AST <input type="checkbox"/> UST
Original Tank Age (MM/DD/YYYY):	/ /	/ /	/ /	/ /
Tank capacity (litres):				
Tank construction:	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall  <input type="checkbox"/> Steel <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Fibreglass <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall  <input type="checkbox"/> Steel <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Fibreglass <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall  <input type="checkbox"/> Steel <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Fibreglass <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall  <input type="checkbox"/> Steel <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Fibreglass <input type="checkbox"/> Other: <input type="text"/>
Piping Construction:	<input type="checkbox"/> Steel <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Fibreglass <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Steel <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Fibreglass <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Steel <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Fibreglass <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Steel <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Fibreglass <input type="checkbox"/> Other: <input type="text"/>
Tightness test: (Please provide copy of last test)	Date: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Date: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Date: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Date: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Tank contents: (select all applicable)	<input type="checkbox"/> Antifreeze <input type="checkbox"/> Aviation fuel <input type="checkbox"/> Biodiesel <input type="checkbox"/> Diesel <input type="checkbox"/> E10 <input type="checkbox"/> E85 <input type="checkbox"/> Empty <input type="checkbox"/> Fuel oil <input type="checkbox"/> Gasoline <input type="checkbox"/> Jet fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> New lube oil <input type="checkbox"/> Waste oil <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Antifreeze <input type="checkbox"/> Aviation fuel <input type="checkbox"/> Biodiesel <input type="checkbox"/> Diesel <input type="checkbox"/> E10 <input type="checkbox"/> E85 <input type="checkbox"/> Empty <input type="checkbox"/> Fuel oil <input type="checkbox"/> Gasoline <input type="checkbox"/> Jet fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> New lube oil <input type="checkbox"/> Waste oil <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Antifreeze <input type="checkbox"/> Aviation fuel <input type="checkbox"/> Biodiesel <input type="checkbox"/> Diesel <input type="checkbox"/> E10 <input type="checkbox"/> E85 <input type="checkbox"/> Empty <input type="checkbox"/> Fuel oil <input type="checkbox"/> Gasoline <input type="checkbox"/> Jet fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> New lube oil <input type="checkbox"/> Waste oil <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Antifreeze <input type="checkbox"/> Aviation fuel <input type="checkbox"/> Biodiesel <input type="checkbox"/> Diesel <input type="checkbox"/> E10 <input type="checkbox"/> E85 <input type="checkbox"/> Empty <input type="checkbox"/> Fuel oil <input type="checkbox"/> Gasoline <input type="checkbox"/> Jet fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> New lube oil <input type="checkbox"/> Waste oil <input type="checkbox"/> Other: <input type="text"/>
Is the tank compatible with the contents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is the tank equipped with secondary containment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Type of leak detection.	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual <input type="checkbox"/> Unknown <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual <input type="checkbox"/> Unknown <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual <input type="checkbox"/> Unknown <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual <input type="checkbox"/> Unknown <input type="checkbox"/> Other: <input type="text"/>
Is tank equipped with spill and overfill protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the tank have corrosion protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is tank mobile?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any plans to remove the tank in the next 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are there any plans to upgrade the tank in the next 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Tank retroactive date (MM/DD/YYYY):	/ /	/ /	/ /	/ /

**F. Warranty.**

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

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**G. Applicant information**

Applicant's signature:

Applicant's name (please print):

Title:

Date:

**H. Insurance representative information.**

Insurance representative:

Name of firm:

Address:

City:

Province:

Postal Code:

Telephone number:

Fax number:

E-mail:

## **Risk selection/Underwriting rules**

### **Submit for approval**

All risks are submitted for approval. Agents cannot bind risks without prior approval.

### **Classes of business**

Desired business includes most businesses which have storage tanks with a capacity in excess of 500 Litres.

### **Facilities**

All tanks with a capacity greater than 500 Litres at a facility must be scheduled and insured if any tanks are to be insured at the facility.

### **Tank removal**

If a tank system is to be removed at a facility for a new business prospect, we do not insure any of the tanks at that facility until the tank(s) in question are removed.

### **Tank Construction**

All underground storage tanks must be in compliance with current TSSA, CEPA, EPA, provincial and local regulations. Bare steel underground storage tanks are ineligible for insurance. We also insure above ground tanks.

### **Capacity**

Acceptable tank capacity is 500 to 50,000 Litres for a single UST and single AST. If greater than 50,000 Litres is stored at a location, then an emergency/spill response plan must be submitted for approval. These risks also require a Financial Review.

### **Contents**

All petroleum products, including all types of gasoline, oil, and jet fuel are acceptable to underwrite.

### **Tightness test, SIR, soil vapor monitoring**

Tightness test documentation, Third Party Statistical Reconciliation documentation, or Soil Vapor Monitoring documentation is required for UST's that (1) are 10 years old or older and (2) do NOT have an automatic leak detection system (e.g. Veeder Root).

Tests/Documentation must show passing results achieved in the last year.

### **Prior contamination engineering reports**

All risks with prior contamination must have either (1) the latest engineering reports for sites with ongoing cleanup, (2) case closure letters for sites with completed remediation, or (3) acceptable risk management systems in place to isolate responsibility for contamination (e.g. double walled tanks and piping with a 24-hour third party remote monitoring systems).

### **Deductible options**

The minimum deductible is \$5,000. Higher deductible options are available

### **Pricing**

Pricing is set on a per tank basis. Primary tank factors that impact tank pricing include: age or tank system, capacity of tank system.

### **Limits**

The standard limit of liability is \$1 million / \$1 million. Higher limits are available.