

STORAGE TANK OWNERS POLLUTION APPLICATION

1. Name of Applicant (including all subsidiaries): _____
2. Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____

3. Facility Information:

No.	Tank Location/ Address (Table 1)	Occupancy of Location
1.		
2.		
3.		

4. Has the applicant ever had a claim or order issued against them for any cleanup or bodily injury or property damage resulting from release of any pollutants from any owned or operated locations in the last 5 years? Yes No
 If yes, please provide details: _____
5. Is the Applicant aware of any facts or circumstances which could reasonably be expected to give rise or result in a claim or order against them? Yes No
 If yes, please provide details: _____
6. Has the Applicant experienced any leaks, releases or spills of regulated hazardous waste or any pollutants in the last 5 years? Yes No
 If yes, please provide details: _____
7. Has there EVER been any prior history of leaks, spills or releases at any of the locations where any of the tanks in this application are currently located, whether during your custody/control or not? Yes No
 If yes, please provide details: _____
8. Has the applicant (any employees) been charged in relation to contravention of any standard or law relating to the release from any location of a regulated substance / hazard waste or any pollutant? Yes No
 If yes, please provide details: _____
9. Has the applicant or any affiliated entities, person or entity proposed to be an insured ever filed or been the subject of any proceeding relating to bankruptcy, receivership and/or insolvency? Yes No
 If yes, please provide details: _____
10. Has the applicant received any fines, penalties, notice of violations, complaints or enforcement actions regarding compliance in the past 5 years? Yes No
 If yes, please provide details: _____
11. Has the applicant ever had insurance refused or cancelled? Yes No
12. Have any repairs/changes/relining/relocation/closure or removal of any tanks, been performed within part 10 years at any of the listed locations? Yes No
 If yes, please provide details: _____
13. Are there any plans to repair/change/reline/relocate/close or remove any tanks at any of listed locations within next 12 months? Yes No
 If yes, please provide details: _____
14. Does the Applicant currently have pollution liability insurance coverage for the tanks applied for on this application? Yes No
 If yes, please provide the insurer's name, the policy's limits of liability, premium and deductible: _____
15. Do you require any Additional Insured(s), Mortgagee(s), and/or Loss Payable(s) to be added to this policy? Yes No
 If yes, please provide full details of their name, address and interest: _____
16. Has there been a tightness test or do you have an automatic leak detection report in the last 12 months for above listed storage tanks? Yes No
 If yes, please provide full details: _____

NOTE: TIGHTNESS TEST DOCUMENTATION IS REQUIRED FOR UNDERGROUND TANKS THAT ARE (6) YEARS OR OLDER AND DO NOT HAVE AN AUTOMATIC LEAK DETECTION SYSTEM. TEST MUST SHOW PASSING RESULTS WITHIN THE LAST YEAR.

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STORAGE TANK(S) SCHEDULE (Table 2) :

ALL STORAGE TANKS MUST BE IDENTIFIED (WHETHER OR NOT THEY ARE OWNED OR OPERATED BY THE APPLICANT).

TANK #	TANK LOCATION #	DATE MANUFACTURED / AGE OF TANK	TYPE OF TANK (see below)	DATE INSTALLED (Month/Year)	RETROACTIVE DATE	NEW/NEVER USED (Y/N)	CAPACITY (litres/gallons)	TANK CONSTRUCTION (see below)	TANK CONSTRUCTION MATERIAL (see below)	CONTENTS (see below)	REGULATORY COMPLIANCE (Y/N)	LEAK DETECTION (see below)	OVERFILL PROTECTION (Y/N)	PROTECTION FROM VEHICLE IMPACT (Y/N)	UNDERGROUND PIPING (Y/N)	DATE PIPING INSTALLED (month/year)

TYPE OF STORAGE TANK

- AST = ABOVEGROUND STORAGE TANK
- UST = UNDERGROUND STORAGE TANK
- SKP = SKID OR PORTABLE
- OWS = OIL WATER SEPARATORS
- OTH = OTHER

CONTENTS

- D = DIESEL
- ETY = EMPTY
- E = ETHANOL
- FW = FRESHWATER
- G = GLYCOL
- JFG = JET FUEL/AVIATION GAS
- K = KEROSENE
- NO = NEW OIL (NON-RESIDENTIAL)
- P = PROPANE
- R = REG. GASOLINE
- RHF = RESIDENTIAL HEATING FUEL
- SPT = SEPTIC
- WO = WASTE OIL
- WW = WASTE WATER
- OTH = OTHER

TANK CONSTRUCTION

- S = SINGLE WALLED
- D = DOUBLE WALLED

TANK CONSTRUCTION MATERIAL

- C = CONCRETE
- F = FIBREGLASS
- FRP = FIBREGLASS REINFORCED PLASTIC
- FCL = FIBREGLASS CLAD STEEL
- CPS = CATHODICALLY PROTECTED STEEL
- PCL = POLYETHYLENE CLAD STEEL
- R = RELINED (INTERNALLY)
- UN = UNPROTECTED(WITHOUT CATHODIC PROTECTION) STEEL

LEAK DETECTION

- DW = INTERSTITIAL MONITORING
- ATG = AUTOMATIC TANK GAUGING
- VW = VAPOUR MONITORING WELLS
- GW = GROUND WATER MONITORING WELLS
- SIR = STATISTICAL INVENTORY RECONCILIATION
- MTG = MANUAL TANK GAUGING

*** REGULATORY COMPLIANCE: DENOTES A TANK MEETING PROVINCIAL, TECHNICAL AND LEAK DETECTION STANDARDS. ***

PLEASE SELECT COVERAGE REQUIRED	Limit of Coverage	
ENVIRONMENTAL IMPAIRMENT LIABILITY	<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$2,000,000/\$2,000,000
	<input type="checkbox"/> \$3,000,000/\$3,000,000	<input type="checkbox"/> \$4,000,000/\$4,000,000
	<input type="checkbox"/> \$5,000,000/\$5,000,000	

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Applicant's Name: _____
Applicant's Signature: _____
Brokerage: _____
Broker Email: _____

Position Held: _____
Date: _____
Broker Name: _____
Broker phone: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizenvironmental@premiergroup.ca ****

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