

**OIL TANK QUESTIONNAIRE**

BROKER NAME: \_\_\_\_\_ BROKER EMAIL: \_\_\_\_\_  
 POLICY NO: \_\_\_\_\_ NAME OF INSURED: \_\_\_\_\_  
 PROPERTY ADDRESS: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING QUESTIONS**

1. What is the age of the Oil Tank? \_\_\_\_\_ years, - tank over 25 years not acceptable
2. Where is the Oil Tank located? \_\_\_\_\_ ABOVE GROUND (do no write underground tanks)  
 - Outside home:  YES  NO - Inside home:  YES  NO Describe where: \_\_\_\_\_
3. Is there any rust, dents or evidence of corrosion?  YES  NO  
 If YES, where is it located on the tank? \_\_\_\_\_
4. Are there any signs of leaks at tank connectors or anywhere else?  YES  NO
5. Is the fuel supply line protected?  YES  NO
6. Is the fuel supply line supported in a stable manner off the ground?  YES  NO
7. Is the tank resting on a non-flammable base?  YES  NO  
 If no, describe the type of base \_\_\_\_\_
8. Is there a clear air space around the entire Oil Tank?  YES  NO (helps provide condensation relief)
9. Does a qualified person service the Oil Tank yearly?  YES  NO, Date of last service \_\_\_\_\_
10. Was the Oil Tank professionally installed?  YES  NO
11. Is the Oil Tank manufactured, CSA, or ULC approved unit?  YES  NO
12. Photo of Oil Tank attached?  YES  NO

THE ABOVE QUESTIONS HAVE BEEN COMPLETED TO THE BEST OF MY KNOWLEDGE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

**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.**

\_\_\_\_\_  
 INSURED (please print name) SIGNATURE OF INSURED

\_\_\_\_\_  
 BROKER (please print name) SIGNATURE OF BROKER

*Premier Marine Insurance Managers Group (WEST) Inc. 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 - [newbizpersonal@premiergroup.ca](mailto:newbizpersonal@premiergroup.ca) \*\*  
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