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## STORAGE TANK INSURANCE APPLICATION

- Please answer all questions. If any section does not apply, please indicate with N/A. If more space is needed, please attach additional pages.
- This application must be signed and dated by an owner, principal or other duly authorized representative.
- Please submit the following with this application:
  - Copies of underground storage tank and pipeline leak detection test results for the past 3 months for each underground storage tank and pipeline that is over 10 year old.
  - A copy of Declarations Page and Storage Tank Schedule for the expiring policy
  - Loss Runs for the past 3 years.

### PART I: APPLICANT

Named Insured:	
Mailing Address:	
City / Province / Postal Code:	
Contact Person / Telephone / Fax:	

Company is a:  Corporation;  Partnership;  Joint Venture;  Other (please specify)

### PART II: COVERAGES

**Existing Coverage:** Does the account have an existing policy?  Yes  No If Yes, complete the following:  
Requesting Coverage as expiring?  Yes  No

Carrier	Eff. / Exp. Dates	Limits	Deductible	Retro-Date	Expiring Premium

### Requested Coverage:

Effective Dates	Each Incident / Aggregate / Defense Limits	Deductible	Retro-Date
	/ /		

**Total Number of Locations to be insured:** \_\_\_\_\_

### Additional Named Insureds

Name	Relationship

### Additional Insureds

Name	Relationship

(Please remember to fill out Parts III, IV and V for each location)

**PART III: LOCATIONS**

Location Number:	
Location Name:	
Location Address:	
City / Province / Postal Code:	

**1. Use of Facility:**

- Gas Station;  Convenience Store,  Airport;  Marina;  Hospital/Medical Centre;  
 Auto Dealer;  Fuel Terminal;  Apartments/Condos;  Manufacturing Facility;  Retail;  
 School;  Other (please specify) \_\_\_\_\_

2. How many **underground storage tanks** will be scheduled at this location: \_\_\_\_\_

3. How many **aboveground storage tanks** will be scheduled at this location: \_\_\_\_\_

4. Do scheduled tanks supply day tanks or remote generators?  Yes  No  If Yes, please provide details \_\_\_\_\_

5. Are there any tanks at this location that are NOT going to be scheduled on to this policy?  Yes  No

If yes, please provide details: \_\_\_\_\_

6. Have there been any leaks or releases or history of leaks or releases at this facility related to storage tanks?

Yes  No If yes, please describe

and provide copies of remedial action completion or closure reports: \_\_\_\_\_

7. Is this site currently under investigation or remediation?  Yes  No If yes, please provide details: \_\_\_\_\_

8. Has an underground storage tank at this location been removed, closed or taken out of service?  Yes  No

If yes, please provide details: \_\_\_\_\_

9. Are there any plans to upgrade or remove a tank at this location over the next year?  Yes  No

If yes, please provide details: \_\_\_\_\_

**IV. UNDERGROUND STORAGE TANK INFORMATION**

**LEGEND:** Please complete a separate page for each location

Wall Type	Construction (specify all that apply)	Contents	Regulatory Compliance	Leak Detection
<b>DW</b> (double) <b>SW</b> (single) <b>R</b> (relined)	<b>F</b> = Fiberglass <b>S</b> = Coated or Bare Steel <b>F/S</b> = ACT 100 (FRP Clad Steel) <b>STI</b> = (STI- P3) Steel Tank Institute T.P. <b>FRP</b> = Fiberglass Reinforced Plastic <b>CPS</b> = Cathodically Protected Steel <b>O</b> = Other (Please Specify)	<b>G</b> = Gasoline <b>D</b> = Diesel <b>K</b> = Kerosene <b>NO</b> = New Oil <b>WO</b> = Waste Oil <b>HO</b> = Heating Oil <b>P</b> = Propane <b>JF</b> = Jet Fuel <b>A</b> = Antifreeze <b>O</b> =Other (specify)	<b>DENOTES A TANK MEETING TECHNICAL AND LEAK DETECTION STANDARDS</b>	<b>N</b> =None <b>ATM</b> = Auto Tank Monitoring <b>GW</b> = Groundwater monitoring <b>SIA</b> = 3 <sup>rd</sup> Party Statistical Inventory Analysis <b>IM</b> = Interstitial Monitoring <b>V</b> = Vapor Monitoring <b>TT</b> = Annual Tightness

<b>Location Name:</b>	
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(See Legend above for instructions and abbreviations)

Tank # or ID	Year Installed	Tank Capacity (Liters)	Tank Wall Type	Tank Const.	Content	Overfill Protection (Y/N)	Leak Detection	Regulatory Compliance (Y/N)	Tank Specific Retro Date	Tank Specific Deductible

1. If any of the above noted tanks require different retroactive dates or deductibles please describe:

**Piping related questions for each underground tank listed above**

Tank #	Piping Wall Type	Piping Const.	Piping Leak Detect.	Is Length of Piping over 100ft? (Y/N)	If Length of Piping is over 100ft please describe, size, location and systems connected to the piping:

**V. ABOVE GROUND STORAGE TANK INFORMATION**

**LEGEND:** Please complete a separate page for each location

Wall Type	Construction (specify all that apply)	Contents	AST Diking and/or Base Construction	Length of Piping
<b>DW</b> (double) <b>SW</b> (single) <b>R</b> (relined)	<b>F</b> = Fiberglass <b>S</b> = Coated or Bare Steel <b>F/S</b> = FRP Clad Steel <b>STI</b> = (STI- P3) Steel Tank Institute T.P. <b>FRP</b> = Fiberglass Reinforced Plastic <b>CPS</b> =Cathodically Protected Steel <b>WS</b> = Welded Steel <b>PL</b> - Plastic <b>V</b> =Vaulted <b>O</b> = Other (Please Specify)	<b>G</b> = Gasoline <b>D</b> = Diesel <b>K</b> = Kerosene <b>NO</b> = New Oil <b>WO</b> = Waste Oil <b>HO</b> = Heating Oil <b>P</b> =Propane <b>JF</b> = Jet Fuel <b>A</b> = Antifreeze <b>O</b> =Other (specify)	<b>C</b> = Concrete <b>GR</b> = Gravel <b>E</b> = Dirt/ Earth <b>S</b> = Steel containment unit <b>PC</b> = Packed Clay <b>O</b> = Other (Please Specify)	<100 Ft. Less than 100 ft.  ≥100Ft. 100ft or more

<b>Location Name:</b>	
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(See Legend above for instructions and abbreviations)

Tank# or ID	Year Installed	Tank Capacity (Liters)	Tank Construction	Base Construction	Diking Construction	Contents	Overfill Protection (Y/N)	Overfill Alarms (Y/N)	Leak Detection (Y/N)	Are tanks in a secure location (Y/N)	Tank Specific Retro date	Tank Specific Deductible

1. If any of the above noted tanks require different retroactive dates or deductibles please describe:

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2. Have the aboveground storage tank bottoms ever been replaced?      Yes   No   Not Applicable

3. Is there an SPCC plan in place?      Yes   No   Not Applicable

If yes, are there regular inspections and maintenance performed as specified in the plan?      Yes   No

4. Do you wish to add coverage for piping on the Aboveground Storage Tanks listed above?      Yes   No

***If yes, please complete piping section below associated with each tank above. If left blank, AST piping will be excluded. If no, you may skip the section below.***

Tank #	Is piping 100% above ground (Y/N)	Piping Wall Type	Piping Construction	Piping Leak Detection (Y/N)	Is Length of Piping over 100ft? (Y/N)

**VI. GENERAL QUESTIONS**

1. Have you during the last five years, been prosecuted, or are you currently being prosecuted, for violations of any standard or law relating to the release or threatened release from the location of a regulated substance, hazardous waste or any other pollutant?  Yes  No

If yes, please describe:

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2. Have any claims been made against you during the last five years for cleanup or response action regulated substances, or bodily injury or property damage, resulting from the release of regulated substances, hazardous waste from this location or any other locations owned or operated by you, into the environment. Please provide a brief description of the claim(s) and its disposition. If none, so state.  Yes  No

If yes, please describe:

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3. At the time of the signing of this application, do you know of any facts or circumstances, which may reasonably be expected to result in a claim being asserted against your company for environmental cleanup or response, or for bodily injury or property damage arising from the release of pollutants into the environment? If none, so state.  Yes  No

If yes, please describe:

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**Completion of this form does not bind coverage. Applicant's acceptance of company's quotation and company's written agreement to be bound are required to bind coverage and issue policy.**

**NOTICE TO ALL APPLICANTS:** Any person who, knowingly and with intent to defraud any insurance company or other 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 act, which is a crime and may subject such person to criminal and civil penalties.

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. 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. If an order to bind is received, the application is attached to the policy, so it is necessary that all questions be answered in detail.**

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and title (print): \_\_\_\_\_

Broker name and firm: \_\_\_\_\_ Contact: \_\_\_\_\_

Broker address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please Note:**

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.