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STORAGE TANK SUPPLEMENT TO ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE

(Gradual or Sudden and Accidental for fixed site premises exposures)

CLAIMS MADE COVERAGE

Name of Applicant: _____

Supplemental to Environmental Application dated: _____

1. STORAGE TANK & LOCATION SCHEDULE:

(copy and attach separate sheet for each location containing tanks to be covered)

Location No.: _____

Occupied as: _____

Do you: Own Operate Lease this facility? If not owned, please name the owner:

2. DURING THE PAST FIVE YEARS HAS THE APPLICANT HAD ANY REPORTABLE RELEASES OR SPILLS OF REGULATED SUBSTANCES, HAZARDOUS WASTE OR ANY OTHER POLLUTANTS, AS DEFINED BY APPLICABLE ENVIRONMENTAL STATUTES OR REGULATIONS?

Yes No If Yes, were the following involved:

Corrective Action	<input type="checkbox"/> Yes <input type="checkbox"/> No	Third Party Claims	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remediation Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	Claim Closed	<input type="checkbox"/> Yes <input type="checkbox"/> No
No Further Actions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Claim Open	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remediation On-Going Yes No

Provide Details:

3. HAVE ANY REPAIRS OR UPGRADES (INCLUDING RELINING/COATINGS) BEEN PERFORMED FOR ANY TANK AT ANY LOCATION WITHIN THE PAST 10 YEARS?

Yes No If Yes, please explain:

4. WERE ALL TANKS NEW AT INSTALLATION? Yes No Unknown

5. WERE ANY TANKS REMOVED OR CLOSED WITHOUT OBTAINING APPROPRIATE RECORD OF SITE CONDITIONS, CLEAN CLOSURE OR NO FURTHER ACTION DOCUMENTATION?

Yes No Unknown

6. IS THERE A SPILL PREVENTION AND COUNTER CONTROL PLAN WITH REGARD TO ABOVEGROUND STORAGE TANKS IF ANY EXISTS? Yes No Not Applicable

7. IF YES, HAVE ANY INSPECTIONS OR MAINTENANCE PROCEDURES REQUIRED BY THE PLAN NOT BEEN PERFORMED?

Yes No Unknown If Yes, please explain:

8. DOES THE APPLICANT USE AN OUTSIDE CONTRACTOR OR FIRM FOR COMPLIANCE MANAGEMENT SERVICES? THIS INCLUDES, BUT IS NOT LIMITED TO, EQUIPMENT INSPECTION AND MONITORING, PROPER FEDERAL, PROVINCIAL AND LOCAL REGULATORY PAPERWORK COMPLETION, AND FILING, POOLING GAUGES AND MONTHLY MONITORING REPORTS FOR YOU? Yes No

9. DOES THE APPLICANT USE A REMOTE MONITORING SYSTEM, WITH AN OUTSIDE VENDOR WHO RECEIVES AN ALARM WHEN A RELEASE OCCURS AND IS RESPONSIBLE FOR NOTIFYING THE APPROPRIATE PARTIES? Yes No

10. DO ANY PLANS EXIST TO REMOVE OR REPLACE ANY TANKS WITHIN THE NEXT YEAR?

Yes No If Yes, please explain:

11. DOES THE APPLICANT CURRENTLY HAVE POLLUTION LIABILITY INSURANCE COVERAGE FOR THE TANKS APPLIED FOR ON THIS APPLICATION?

Yes No

If Yes, please list below the name of the carrier, expiring premium, expiring deductible, and limits of liability; or attach a copy of your current policy declarations page.

Name of Insurer: _____ Expiring Premium: \$ _____

Retroactive Date: _____ Limits of Liability: \$ _____/\$ _____

Deductible: \$ _____

12. LIMITS DESIRED: \$ _____

SELF INSURED RETENTION DESIRED: \$ _____

For SIR above \$25,000, please include your most current financial statement.

13. POLICY TERM DESIRED:

From _____ To: _____

14. AT THE TIME OF SIGNING OF THIS APPLICATION, DO ALL TANK SYSTEMS COMPLY, AT A MINIMUM, WITH THE TSSA OR EQUIVALENT PROVINCIAL REQUIREMENTS REGARDING AGE, CONSTRUCTION, OVERFILL/SPILL PROTECTION AND LEAK DETECTION FOR TANKS, PIPING, AND DISPENSING SYSTEMS?

Yes No If No, please explain:

15. AT THE TIME OF THE SIGNING OF THIS APPLICATION, IS THE APPLICANT AWARE OF ANY FACTS OR CIRCUMSTANCES WHICH MAY REASONABLY BE EXPECTED TO RESULT IN A CLAIM OR CLAIMS BEING ASSERTED AGAINST THE APPLICANT FOR ENVIRONMENTAL CLEANUP OR RESPONSE, OR FOR BODILY INJURY OR PROPERTY DAMAGE ARISING FROM THE RELEASE OF POLLUTANTS INTO THE ENVIRONMENT?

Yes No If Yes, please provide explanation:

THIS SUPPLEMENT TOGETHER WITH THE ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE APPLICATION TO WHICH IT IS ATTACHED, CONSTITUTE THE APPLICANTS REPRESENTATIONS AND WILL FORM THE BASIS OF ANY POLICY THAT MAY BE ISSUED.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____



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TANK SUPPLEMENT (Please complete separate supplement for each scheduled location)					
	1	2	3	4	5
Tank #					
Underground (UST)/Aboveground (AST)					
Install Date Year					
Capacity (Gallons)					
Contents					
Tank Construction Double walled (DW)/ Single walled (SW)					
Tank Construction Material					
Overfill/Spill Protection					
Tank Leak Detection					
AST Diking & Base Construction					
Piping Construction Double walled (DW)/ Single walled (SW)					
Piping Construction Material					
Piping Leak Detection					
CONTENTS	TANK CONSTRUCTION/ MATERIAL	OVERFILL/SPILL PROTECTION	AST DIKING & BASE CONSTRUCTION		
UG. Unleaded Gasoline	S. Steel	BC. Ball Check Valve	K. Concrete, Synthetic Material clays		
EG. Gasohol	F. Fiberglass	SC. Spill Containment Bucket	Z. Dirt/Earth		
D. Diesel	FRP. FRP Clad Steel	SO. Flow Shut-off	NO. None		
K. Kerosene	C. Concrete	TT. Tight Fill			
WO. Waste Oil/ Used Oil	PE. Polyethylene	AL. Level Gauges, High Level Alarms		PIPING CONSTRUCTION/MATERIAL	
FO. Fuel Oil	CPSA. Cathodic Protection Sacrificial Anode	OT. Other TSSA/EPA/Other Approved Protection Method	S. Steel		
G. Generic Gasoline	CPIC. Cathodic Protection Impressed Current	NO. None	FBR. Fiberglass		
AM. Ammonia compound	DWDM. Double Walled (DW) Dual Material	TANK LEAK DETECTION	SM. Approved Synthetic Material		
CL. Chlorine compound	DWSL. (DW) Synthetic Liner in Tank Construction	GMW. Groundwater Monitoring Wells	EPC. External Protective Coating impressed current		
HAZ. Haz. Substance (CERCLA)	DW. (DW) Pipeless UST with Secondary Containment	IM. Interstitial Monitoring		PIPING LEAK DETECTION	
V. Grades 5&6 bunker 'C' oils		VIS. Visual Inspections of	G. Electronic Line Leak Detector with Flow Shutoff		
W. Petroleum-base additive		OTHER. Other TSSA/EPA/Other Approved	J. Interstitial Monitoring - Piping Filter		
X. Misc. petroleum-base		INTS. Interstitial Space- Double Walled Tank	EM. External Monitoring		
Z. Other, Identify		MAN. Manual Tank Gauging – UST	H. Mechanical Line Leak Detector		
		STAT. Statistical Inventory Reconciliation (SIR)(USTs)	K. Interstitial Monitoring of double wall piping		
		AUTOTG. Automatic Tank Gauging System (USTs)	V. Suction Pump Check Valve		
		IMAST. Interstitial Monitoring of AST Tank Bottom	NO. None		
		TT. Annual Tightness Test with Inventory (USTs)			