



Watts: 1-888-868-8367 (TOTTENS)
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STORAGE TANK POLLUTION LIABILITY APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Required Information:

- Copies of tightness/precision testing within the last 18 months for underground storage tanks over 15 years old
- A copy of the declarations page evidencing the existing retroactive date on the expiring policy (if applicable)

Part 1: Applicant

1. Name of Applicant _____
2. Mailing Address _____
3. Named Insured is Partnership Corporation Joint Venture Other

Part 2: Coverages

Existing Coverages 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 Coverages:

Eff/Exp Dates	Limits	Deductible	Retro-Date

Total Number of Locations to be insured: _____

Additional Insureds

Name	Relationship	Are they a Named Insured?



Part 3: Locations

Please provide the details for each location where insurance is being sought. Continue on separate sheet if necessary.

Address: 1. _____ Use of Facility 1. _____
2. _____ 2. _____
3. _____ 3. _____
4. _____ 4. _____

1. Does the applicant maintain a Spill Prevention, Control and Countermeasure Plan (SPCC Plan) or Emergency Response Plan (ERP)? If Yes, please provide a copy of the plan. Yes No

2. Are there tanks present at any location(s) that are NOT going to be scheduled on to this policy? Yes No

If Yes, please provide details _____

3. Were all scheduled tanks new at the time of installation? Yes No

If No, please provide details regarding the date manufactured and any upgrades or changes made to the tank since the date manufactured.

4. Do scheduled tanks supply day tanks or remote generators? Yes No

If Yes, please provide details _____

5. At the time of signing this application, do all scheduled tanks comply with all applicable requirements regarding construction, overflow/spill protection and leak detection for tanks, piping and dispensing systems? Yes No

If No, please provide details _____

6. Is there a 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 any underground storage tank at this location been removed, closed in place, 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 _____

10. Have there been any past repairs, changes, or upgrades to any of the scheduled storage tanks? Yes No

If Yes, please provide details _____



Part 4: Underground Storage Tank Information

Continue on a separate page if necessary (See Chart at bottom of page for instructions and abbreviations)

Location #	Tank # or ID	Year Installed	Tank Capacity (L)	Tank Wall Type	Tank Constr.	Contents	Overfill Protection (Y/N)	Leak Detection	Tank Specific Retro Date	Tank Specific Deductible

Piping related questions for each tank listed above

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

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



Part 5: Aboveground Storage Tank Information

Continue on a separate page if necessary (See Chart at bottom of page for instructions and abbreviations)

Location #	Tank # or ID	Year Installed	Tank Capacity (L)	Tank Constr.	Base Constr.	Diking Constr.	Contents	Overfill Protection (Y/N)	Overfill Alarms (Y/N)	Are Tanks in a secure location? (Y/N)	Tank Specific Retro Date	Tank Specific Deductible

1. Have the aboveground storage tank bottoms ever been replaced? Yes No N/A
2. 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.

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

Wall Type	Construction (specify all that apply)	Contents	AST Diking and/or Base Construction	Leak Detection
DW (double) SW (single) R (relined)	F = Fiberglass S = Coated or Bare Steel F/S = ACT 100 (FRP Clad Steel) STI = (STI-P3) Steel Tank Institute T.P. FRP = Fiberglass Reinforced Plastic CPS = Cathodically Protected Steel O = Other (Please Specify)	G = Gasoline D = Diesel K = Kerosene NO = New Oil WO = Waste Oil HO = Heating Oil P = Propane JF = Jet Fuel O = Other (Specify)	C = Concrete GR = Gravel E = Earthen/Dirt S = Steel containment unit PC = Packed Clay O = Other (Please Specify)	N = None ATM = Auto Tank Monitoring GW = Groundwater Monitoring SIA = 3 rd Party Statistical Inventory Analysis IM = Interstitial Monitoring V = Vapour Monitoring TT = Annual Tightness Testing



Part 6: 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 _____

- 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? Yes No

If "yes" please describe _____

- 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? Yes No

If "yes" please describe _____

I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

If this proposal has been completed on my/our behalf, I/we agree the person is deemed to be my/our agent and that I/we have read the information provided before signing the form.

I/we confirm that I/we have read and understood the above declaration and the important noted overleaf.

_____ Date

_____ Signature of Applicant

If in Company name, state position held _____

The proposal must be signed by a principal, director or partner of the proposed named insured