

RENEWAL APPLICATION

STORAGE TANK LIABILITY



Instructions:

- Please type or print clearly, answering ALL questions completely.
- If needed, please provide an up-to-date storage tank schedule using the table provided or a separate sheet along with any other supporting information.

1. Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
2. During the previous year has there been any changes to the storage tanks which this application applies? Yes No
Changes include but are not limited to closures, abandonment, removals, repairs, upgrades or additions.
If "Yes", please provide the details of those changes in the Comment Section below as well as provide any related and applicable formal documentation.
3. During the upcoming year are there any planned changes to the storage tanks which this application applies? Yes No
Changes include but are not limited to closures, abandonment, removals, repairs, upgrades or additions.
If "Yes", please provide the details of those changes in the Comment Section below as well as provide any related and applicable formal documentation.
4. Are all storage tank systems which this application applies to comply with all applicable requirements regarding construction, overfill or spill protection, or leak detection for tanks, piping or dispensing systems? Yes No
If "No", please provide additional information in the Comment Section below.
5. Is the Applicant aware of any facts or circumstances such as an occurrence, incident, event, or demand, which could reasonably be expected to give rise or result in a claim under the Storage Tank Liability or Environmental Impairment Liability to which this application applies? Yes No
If "Yes", please provided additional information in the Comment Section below.

Comment Section:

The undersigned hereby acknowledges the truth of the statements contained herein.

I authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, and claims history.

For the purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

Name of Applicant (please print)

Applicant's Title (please print)

