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| **STORAGE TANK ENVIRONMENTAL** – Application for Insurance |

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| This product is designed to provide pollution coverage strictly from scheduled storage tanks only. If you are seeking pollution coverage for exposures in addition to the scheduled storage tanks (entire premises and incidents emanating from a neighbouring site), please refer back to the main JET menu for the Premises Pollution product.**Instead of completing this application form, consider trying** [***JET***](http://www.forwardinsurance.ca)**, our self-serve platform.**[***JET***](http://www.forwardinsurance.ca) **is the quickest path to quotes and policy issuance. A modern way** [**FORWARD**](http://www.forwardinsurance.ca)**.****PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception.    |
|  |
| **APPLICANT INFORMATION** |
|  |
| Applicant’s Contact Email Address for E-Signature\* |       |
|  |  |
| Applicant Name (legal name): |       |
|  |  |
| Province for Applicant: |       |  |
|  |  |  |
| **LOSS INFORMATION** |
|  |
| Has the Applicant ever had a claim, order, violation, complaint, action or charge issued against them relating to a pollution condition (regardless of outcome)? | [ ] Yes [ ] No |
|  |  |
|  | If yes, please provide details of the claim or order relating a pollution condition: |       |
|  |  |  |
|  |       |
|  |  |  |
| Has the Applicant experienced any leaks, releases or spills of a hazardous waste or any pollutant? | [ ] Yes [ ] No |
|  |  |
|  | If yes, please provide details of situation (date, location, full details, remediation): |       |
|  |  |  |
|  |       |
|  |  |
| Is the Applicant aware of any facts or circumstances relating to a pollution condition (alleged or actual) which could give rise to a possible claim or order against the Applicant? | [ ] Yes [ ] No |
|  |  |
|  | Please provide details of the circumstances which might result in a possible claim or order: |
|  |  |
|  |       |
|  |  |
| Has there ever been any leak, spill or release at any of the locations where the storage tanks in this application are currently located, whether or not the location was under the Applicants custody or control? | [ ] Yes [ ] No |
|  |  |
|  | If yes, please provide details of the circumstances related to such prior leak, spill or release: |
|  |  |
|  |       |
|  |  |
| Has the Applicant ever had Environmental/Pollution insurance refused or cancelled? | [ ] Yes [ ] No |
|  |  |
|  | Please describe the details related to the refusal/cancellation: |
|  |  |
|  | [ ]  Due to age or condition of tank | [ ]  Due to cancel for non payment |
|  | [ ]  Due to existing contamination on the site | [ ]  Due to incidents  |
|  | [ ]  Insurer does not write this operation | [ ]  Insurer no longer writes this operation |
|  | [ ]  Other - Describe: |       |
|  |  |
| **Number of Locations Requiring Coverage** |  |
|  |  |
| How many locations require storage tank pollution coverage? |       |  |
|  |  |  |
| Location #1 –  | Address: |       | City: |       |
|  |  |  |  |
|  | Province: |       | Postcode/ ZIP Code |       |
|  |  |  |  |
|  | Describe occupancy at this location: |       |
|  |  |
|  | Are there any bodies of water (lake, river, pond, etc.) onsite?  | [ ] Yes [ ] No |
|  |  |  |
|  |  | What is the distance to the closest body of water (lake, river, pond, etc) in meters?  |       |
|  |  |  |
|  | Have there been any repairs, changes, relining, relocation, closure or removal of any tank at this location within past 10 years? | [ ] Yes [ ] No |
|  |  |  |
|  | Are there any future plans to repair, change, reline, relocate, close or remove any tanks at this location within the next 12 months? | [ ] Yes [ ] No |
|  |  |  |
| Location #2 –  | Address: |       | City: |       |
|  |  |  |  |
|  | Province: |       | Postcode/ ZIP Code |       |
|  |  |  |  |
|  | Describe occupancy at this location: |       |
|  |  |
|  | Are there any bodies of water (lake, river, pond, etc.) onsite?  | [ ] Yes [ ] No |
|  |  |  |
|  |  | What is the distance to the closest body of water (lake, river, pond, etc) in meters?  |       |
|  |  |  |
|  | Have there been any repairs, changes, relining, relocation, closure or removal of any tank at this location within past 10 years? | [ ] Yes [ ] No |
|  |  |  |
|  | Are there any future plans to repair, change, reline, relocate, close or remove any tanks at this location within the next 12 months? | [ ] Yes [ ] No |
|  |  |  |
| Location #3 –  | Address: |       | City: |       |
|  |  |  |  |
|  | Province: |       | Postcode/ ZIP Code |       |
|  |  |  |  |
|  | Describe occupancy at this location: |       |
|  |  |
|  | Are there any bodies of water (lake, river, pond, etc.) onsite?  | [ ] Yes [ ] No |
|  |  |  |
|  |  | What is the distance to the closest body of water (lake, river, pond, etc) in meters?  |       |
|  |  |  |
|  | Have there been any repairs, changes, relining, relocation, closure or removal of any tank at this location within past 10 years? | [ ] Yes [ ] No |
|  |  |  |
|  | Are there any future plans to repair, change, reline, relocate, close or remove any tanks at this location within the next 12 months? | [ ] Yes [ ] No |
|  |  |  |
| Location #4 –  | Address: |       | City: |       |
|  |  |  |  |
|  | Province: |       | Postcode/ ZIP Code |       |
|  |  |  |  |
|  | Describe occupancy at this location: |       |
|  |  |
|  | Are there any bodies of water (lake, river, pond, etc.) onsite?  | [ ] Yes [ ] No |
|  |  |  |
|  |  | What is the distance to the closest body of water (lake, river, pond, etc) in meters?  |       |
|  |  |  |
|  | Have there been any repairs, changes, relining, relocation, closure or removal of any tank at this location within past 10 years? | [ ] Yes [ ] No |
|  |  |  |
|  | Are there any future plans to repair, change, reline, relocate, close or remove any tanks at this location within the next 12 months? | [ ] Yes [ ] No |
|  |  |  |
| Location #5 –  | Address: |       | City: |       |
|  |  |  |  |
|  | Province: |       | Postcode/ ZIP Code |       |
|  |  |  |  |
|  | Describe occupancy at this location: |       |
|  |  |
|  | Are there any bodies of water (lake, river, pond, etc.) onsite?  | [ ] Yes [ ] No |
|  |  |  |
|  |  | What is the distance to the closest body of water (lake, river, pond, etc) in meters?  |       |
|  |  |  |
|  | Have there been any repairs, changes, relining, relocation, closure or removal of any tank at this location within past 10 years? | [ ] Yes [ ] No |
|  |  |  |
|  | Are there any future plans to repair, change, reline, relocate, close or remove any tanks at this location within the next 12 months? | [ ] Yes [ ] No |
|  |  |  |
| **TANK INFORMATION** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TANK # | LOCATION # | YEAR OF TANK INSTALLATION | NEW OR USED (AT TIME OF INSTALLATION) | YEAR OF PIPING INSTALLATION | TYPE OF STORAGE TANK (see below) | BARRIER PROTECTION FROM VEHICLE IMPACT (Y/N) | UNDERGROUND PIPING (Y/N) | CONTENTS OF TANK (see below) | CAPACITY (Litres) | TANK WALL CONSTRUCTION (see below) | TANK CONSTRUCTION MATERIAL (see below) | REGULATORY COMPLIANCY (Y/N) | AUTOMATIC LEAK DETECTION SYSTEM (Y/N) | PASSED TIGHTNESS TEST (Y/N) |
| 1. |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 2. |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 3. |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 4. |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 5. |       |       |       |       |       |       |       |       |       |       |       |       |       |       |

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| **Type of Storage Tank** | **Contents of Tank** | **Tank** Wall **Construction** | **Tank Construction Material** |
| AGS – Above ground – stationary | AF – Aviation fuel | SW – Single wall | F – Fiberglass  |
| BG – Below ground | GA – Gasoline | DW – Double wall | FRP – Fiberglass reinforced plastic |
| OWS – Oil/ water separators | E – Ethanol  |  | PCS – Polythelene clad steel  |
| PS – Portable/ skid  | D – Diesel |  | C – Concrete  |
|  | N – New oil |  | CPS – Cathodically protected steel |
|  | W – Waste oil |  | US – Unprotected steel |
|  | GL – Glycol K – Kerosene FW – Fresh waterWW – Waste waterSW – Septic wasteP – Propane  |  | FS – Fibreglass steelIR – Internally relined |
|  |  |  |  |
|  |  |
| Are any of these tanks currently insured on a pollution policy?  | [ ] Yes [ ] No |
|  |  |
|   | If Yes, please provide the following information: |  |
|  |  |  |
|  | **Tank #** | **Name of Current Insurer** | **Limit of Current Pollution Insurance ($)** | **Retroactive Date** |
|  | **1.** |  |  |  |
|  | **2.** |  |  |  |
|  | **3.** |  |  |  |
|  | **4.** |  |  |  |
|  | **5.** |  |  |  |
|  |  |  |  |  |
| **COVERAGES** |
|  |
| Pollution Policy Limit |  |
|  |  |
|  | [ ]  $1,000,000 | [ ]  $2,000,000 | [ ]  $3,000,000 | [ ]  $4,000,000 | [ ]  $5,000,000 | [ ]  $10,000,000 |
|  |  |  |  |  |  |  |
| Deductible: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | [ ]  $2,500 | [ ]  $5,000 | [ ]  $10,000 |  |  |  |
|  |  |  |  |  |  |  |
| **ISSUANCE INFORMATION** |
|  |  |  |
| Mailing Address: |       |  City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |
| Please attach passed/cleared tightness test or an automatic leak detection test for each and every tank requiring coverage. (note: this is a program requirement and coverage is not in force without such report uploaded). |

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| **ADDITIONAL INSUREDS** |
|  |  |
| Add any Additional Insureds required with respect to liability coverage (eg. Landlord, contract requirements, etc.): |
|  |  |
| Mailing Address: |       |  City: |       |
|  |  |  |  |
| Province: |       | Postcode/ ZIP Code: |       |
|  |  |  |  |
| What is the relation between the Applicant and the additional insured entity? |  |
|  |  |
|  | [ ]  Customer of Insured | [ ]  Landlord |
|  | [ ]  Government Body | [ ]  Lead Contractor |
|  | [ ]  Lessor/ Finance Company | [ ]  Subsidiary (100% wholly owned by Applicant) |
|  | [ ]  Subsidiary (not wholly owned by Applicant) | [ ]  Joint venture |
|  | [ ]  Other |  |
|  |  |  |
|  | Name: |       |
|  |  |  |
| **POLICY TERM INFORMATION** |
|  |  |  |
| Proposed Effective Date (MM/DD/YYYY): |       |
|  |  |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the insured fails to immediately inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation. The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud. The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy. |
| **Signature of Applicant(s):** |       | **Date:** |       |
|  |  |  |  |
| **Brokerage:** |       | **Broker ID#:** |       |
|  |  |  |  |
| **Broker Email:** |       | **Phone:** |       |
|  |  |  |  |
| **Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.** |