



COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 8 FOR DETAILS ON OUR PRIVACY POLICY.

STORAGE TANK INSURANCE APPLICATION

Please read and complete the application in its entirety. Blanks &/or dashes are not acceptable and will delay consideration of this application. Answer all questions, if the question does not apply, indicate "N/A" in the space provided.

- 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
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 A = Antifreeze O =Other (specify)	DENOTES A TANK MEETING TECHNICAL AND LEAK DETECTION STANDARDS	N =None ATM = Auto Tank Monitoring GW = Groundwater monitoring SIA = 3 rd Party Statistical Inventory Analysis IM = Interstitial Monitoring V = Vapor Monitoring TT = Annual Tightness

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

Location Name: _____

(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:

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:

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:

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:

NOTICE CONCERNING PERSONAL INFORMATION

By soliciting insurance from South Western Insurance Group Limited, you agree and provide consent that your personal information, including that previously collected, will be collected, processed, used, communicated, transferred and retained for the following purposes:

- the communication with underwriters;
- the evaluation of claims;
- the analysis of business results;
- the underwriting of policies;
- the detection and prevention of fraud;
- purposes required or authorized by law;

- In accordance with SWG's privacy policy available at the bottom of this application and as per our website: <https://swgins.com/page/privacy.html>

You can exercise your right to access your personal information in our possession, to have it rectified or to withdraw your consent by contacting us at PrivacyOfficer@swgins.com. Should you exercise your right to withdraw your consent to the communication or use of the information collected required to provide certain products or services, this would prevent South Western Insurance Group from being able to provide such products or services. Further information about South Western Insurance Group Limited personal information protection policy may be obtained by contacting our privacy officer at 416-620-6604.

WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the applicant must notify the underwriters in writing and the underwriters may revoke, or effect changes to, the quotation provided.

Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form, and any additional information/document provided in support thereof by the client and/or broker, shall be the basis of the contract should a policy be issued.

NEW BRUNSWICK RESIDENTS ONLY:

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

Applicant signature:

Date:

Name and title (print):

Contact:

Broker name and firm:

Telephone:

Broker address:

Email:



Privacy Policy

South Western Insurance Group Limited is committed to protecting the privacy and the confidentiality of our brokers and their Insured's personal information. In order to comply with privacy legislation, we have developed this Privacy Policy. Any personally identifiable information about an Insured is considered personal information and will be treated in accordance with this Privacy Policy.

IDENTIFIED PURPOSES

South Western Group only collects, uses and discloses Personal Information for the following purposes:

- Offering and providing insurance and related products and services;
- Verifying the identity and the accuracy of personal information with government agencies, industry associations, or other Insurers;
- Analyzing, assessing and underwriting risks on a prudent basis;
- Investigating and paying claims;
- Detecting and preventing fraud or other illegal activities;
- Compiling statistics;
- Complying with the laws or the requests of law enforcement agencies or regulators.

In this Privacy Policy, the above list of Identified Purposes will be referred to as the 'Identified Purposes'.

THIRD PARTY DISCLOSURE

South Western Insurance Group may share information about you with third party companies, permitted by law. Such disclosures may include those that South Western feels are required to provide customer service, prevent fraud, perform research or comply with the law. Recipients may include South Western's family of insurance service companies, claims representatives, service providers, consumer reporting agencies, insurance agents and brokers, law enforcement, courts and government agencies. These parties may disclose the information to others as permitted by law.

PRIVILEGE & CONFIDENTIALITY NOTICE – Electronic Messages

Electronic mail or faxes and any files transmitted with them are confidential and may be privileged and are intended solely for the use of the individual or entity to whom they are addressed. If you have received this e-mail in error, please notify the sender immediately.

CONSENT

South Western Group relies on the following actions by our Brokers and Companies as indication of their consent from an Insured to our existing and future Personal Information practices:

- The Broker has voluntarily requested personal information from an Insured for the purpose of acquiring an insurance contract or related service or product;
- The Broker has the Insured's express consent or acknowledgement contained within a written, verbal or electronic application process;
- The Insured's consent solicited by our Companies or our Brokers is for a specified purpose;
- The Broker must provide the Insured with a copy of their privacy policy and must inform South Western Group of any withdrawal of this consent by an Insured;
- The Broker may obtain the Insured's consent through the Insured's authorized representative such as a legal guardian, agent or holder of a power of attorney.

If an Insured refuses to provide the Broker with certain Personal Information or withdraws their consent South Western Group may be unable to provide insurance coverage.

LIMITING COLLECTION AND RETENTION OF PERSONAL INFORMATION

South Western Insurance Group will only collect, use or disclose personal information that is necessary for the Identified Purposes or as required by law. We will retain personal information only as long as necessary for the fulfillment of the Identified Purposes. South Western may store certain data in jurisdictions outside of Canada and may share information with third party companies that are located outside of Canada.

ACCURACY

South Western Group requests our brokers to maintain the Insured's Personal Information as accurate, complete, and up-to-date as is necessary for the Identified Purposes.

SAFEGUARDS

South Western Group will protect the Insured's Personal Information by security safeguards appropriate to the sensitivity of the information. Safeguards will vary depending on the sensitivity, format, location and storage of the Personal Information.

ACCOUNTABILITY, OPENNESS AND ACCESS

South Western Group is responsible for all Personal Information under its control and has designated a Privacy Officer who is accountable to Senior Management for South Western's compliance with the Privacy Policy.

You may contact our Privacy Officer at PrivacyOfficer@swgins.com.

CHALLENGING COMPLIANCE

If any Broker is not satisfied with South Western's response to a privacy related inquiry or complaint, they may contact the Office of the Privacy Commissioner of Canada during business hours at [1-800-282-1376](tel:1-800-282-1376) or at www.privcom.gc.ca.

Please refer to the updated comprehensive version of privacy policy on our website: <https://swgins.com/page/privacy.html>