

## APPLICATION FOR INSURANCE

### Storage Tank Third Party Liability Corrective Action and Cleanup Policy

**THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY. PLEASE REVIEW THE APPROPRIATE POLICY CAREFULLY.**

**INSTRUCTIONS:**

- Please print or type clearly.
- Please answer all questions and those applicable to the coverages requested. If any questions in those sections do not apply, please answer "NA."
- The application must be signed and dated by a duly authorized executive, officer, owner, or principal of the applicant.
- Please submit the following with this application:
  - o Copies of most recent underground storage tank and pipeline leak detection test results for each underground storage tank and any piping that is over 30 years old.
  - o Evidence of Storage Tank Coverage with Retroactive Dates for the expiring policy.
  - o Loss Runs for the past 3 years.

**INSURED PARTY INFORMATION:**

Named Insured: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Company is a:       Corporation    Partnership    Joint Venture    Other (please specify) \_\_\_\_\_

1. Are there any additional Named Insureds for the Company to evaluate for coverage?       Yes     No  
If Yes, list the entities and their relationship to the First Named Insured and include an organizational chart:
  
2. Are there any additional insureds for the Company to evaluate for coverage?       Yes     No  
If Yes, list the entities and their relationship to the Named Insured:

**EXISTING COVERAGE DETAILS:**

	Storage Tank Coverage
	Check if none <input type="checkbox"/>
Carrier	
Limits	
Deductible / SIR	
Premium	
Effective dates	
Any retroactive dates	

**REQUESTED COVERAGE:**

	Storage Tank Coverage
Limits	
Deductible / SIR	
Term	
Any retroactive dates	
Effective dates	

**LOCATION & TANKS INFORMATION:**

Ironshore Storage Tank Upload Spreadsheet Completed and Attached

OR

Locations and Tank Details Outlined Below

**LOCATION INFORMATION:**

Please complete table and questions below (not required if Ironshore Storage Tank Upload Spreadsheet Completed and Attached)

1. Total Number of Locations to be insured: \_\_\_\_\_

Location Name	Street address	City	State	Zip Code	Use of Facility	# Tanks at this location				
1.										
2.										
3.										
4.										
5.										
<table border="0"> <tr> <td style="vertical-align: top;">Use of Facility:</td> <td> <ul style="list-style-type: none"> <li>• Gas Station;</li> <li>• Convenience Store;</li> <li>• Airport;</li> <li>• Marina;</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Hospital/Med. Center;</li> <li>• Auto Dealer;</li> <li>• Fuel Terminal;</li> <li>• Apartments/Condos;</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Manufacturing Facility;</li> <li>• Retail;</li> <li>• School;</li> <li>• Other (please specify)</li> </ul> </td> </tr> </table>							Use of Facility:	<ul style="list-style-type: none"> <li>• Gas Station;</li> <li>• Convenience Store;</li> <li>• Airport;</li> <li>• Marina;</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital/Med. Center;</li> <li>• Auto Dealer;</li> <li>• Fuel Terminal;</li> <li>• Apartments/Condos;</li> </ul>	<ul style="list-style-type: none"> <li>• Manufacturing Facility;</li> <li>• Retail;</li> <li>• School;</li> <li>• Other (please specify)</li> </ul>
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*(If the above space is inadequate to account for all properties to be covered, please attach a statement of values that includes, at a minimum, the street address, city, state, zip code, location name (if applicable), use of facility, and number of tanks at the location to be scheduled*

2. Are there any sites currently under investigation or remediation?  Yes  No  
 If yes, please provide explanation and attach copies of applicable environmental reports.

3. Is there a history of leaks or releases at any of the covered locations?  Yes  No  
 If yes, please provide explanation and attach copies of applicable environmental reports.

4. Has any underground storage tank(s) at any of the covered locations been removed, closed in place or taken out of service?  
 Yes  No If yes, please provide explanation and attach copies of applicable environmental reports.

5. Are there plans to upgrade or remove a tank(s) at any location over the next year?  Yes  No  
 If yes, please provide details.

**STORAGE TANK INFORMATION:**

Please complete a separate page for each location (not required if Ironshore Storage Tank Upload Spreadsheet Completed and Attached)

Location Name:
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**UNDERGROUND STORAGE TANK INFORMATION**

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

**PIPING RELATED QUESTIONS FOR EACH TANK LISTED ABOVE**

Tank # or ID	Piping Wall Type	Piping Constr.	Piping Leak Detection	Length of Piping	Contents

Wall Type	Construction (specify all that apply)	Leak Detection	Length of Piping	Contents
<b>DW</b> (double) <b>SW</b> (single) <b>R</b> (relined)	<b>F</b> = Fiberglass <b>S</b> = Coated or Bare Steel <b>F/S</b> = ACT 100 (FRP Clad Steel) <b>STI</b> = (STI-P3) Steel Tank Institute T.P. <b>FRP</b> = Fiberglass Reinforced Plastic <b>CPS</b> = Cathodically Protected Steel <b>O</b> = Other (please specify)	<b>N</b> = None <b>ATM</b> = Auto Tank Monitoring <b>GW</b> = Groundwater Monitoring <b>SIA</b> = 3 <sup>rd</sup> Party Statistical Inventory Analysis <b>IM</b> = Interstitial Monitoring <b>V</b> = Vapor Monitoring <b>TT</b> = Annual Tightness	N/A 1-25 ft. 26-50 ft. 51-100 ft. Over 100 ft.	<b>G</b> = Gasoline <b>D</b> = Diesel <b>K</b> = Kerosene <b>NO</b> = New Oil <b>WO</b> = Waste Oil <b>HO</b> = Heating Oil <b>P</b> = Propane <b>JF</b> = Jet Fuel <b>A</b> = Antifreeze <b>O</b> = Other (please specify)

Location Name: \_\_\_\_\_

**ABOVEGROUND STORAGE TANK INFORMATION**

Tank # or ID	Year Installed	Tank Capacity (gallons)	Tank Const.	Base Const.	Diking Const.	Contents	Overfill Protection (Y/N)	Overfill Alarms (Y/N)	Leak Detection (Y/N)	Is Tank in a secure location (Y/N)	Tank Specific Retro Date	Tank Specific Deductible

**PIPING RELATED QUESTIONS FOR EACH TANK LISTED ABOVE**

Tank # or ID	Is Piping 100% Above Ground? (Y/N)	Piping Wall Type	Piping Constr.	Piping Leak Detection	Length of Piping

Wall Type	Construction (specify all that apply)	AST Diking and/or Base Construction	Length of Piping	Contents
<b>DW</b> (double) <b>SW</b> (single) <b>R</b> (relined)	<b>F</b> = Fiberglass <b>S</b> = Coated or Bare Steel <b>F/S</b> = ACT 100 (FRP Clad Steel) <b>STI</b> = (STI-P3) Steel Tank Institute T.P. <b>FRP</b> = Fiberglass Reinforced Plastic <b>CPS</b> = Cathodically Protected Steel <b>WS</b> = Welded Steel <b>PL</b> = Plastic <b>V</b> = Vaulted <b>O</b> = Other (please specify)	<b>C</b> = Concrete <b>GR</b> = Gravel <b>E</b> = Dirt / Earth <b>S</b> = Steel containment unit <b>PC</b> = Packed Clay <b>O</b> = Other (please specify)	N/A 1-25 ft. 26-50 ft. 51-100 ft. Over 100 ft.	<b>G</b> = Gasoline <b>D</b> = Diesel <b>K</b> = Kerosene <b>NO</b> = New Oil <b>WO</b> = Waste Oil <b>HO</b> = Heating Oil <b>P</b> = Propane <b>JF</b> = Jet Fuel <b>A</b> = Antifreeze <b>O</b> = Other (please specify)

**BUSINESS INFORMATION:**

1. Have you in 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 explain:
  
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 explain:
  
3. At the time of 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 explain:

**WARRANTY:**

1. At the time of signing 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 explain:

**ACCEPTING THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE APPLICANT TO PURCHASE, THE POLICY. IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS OR REPRESENTATIONS OR WARRANTIES HEREIN PRIOR TO THE ISSUANCE DATE OF THE POLICY, WHICH WOULD RENDER THIS APPLICATION FORM INACCURATE OR INCOMPLETE, THE APPLICANT WILL NOTIFY THE INSURER IN WRITING AND, IF NECESSARY, ANY OUTSTANDING QUOTATION MAY BE MODIFIED OR WITHDRAWN.**

**NOTICE TO ARKANSAS & NEW MEXICO APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NOTICE TO COLORADO APPLICANTS:** "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES."

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

**NOTICE TO FLORIDA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

**NOTICE TO KENTUCKY APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

**NOTICE TO LOUISIANA APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NOTICE TO MAINE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE AND MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWINGLY THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS – WARNING:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365: 15-10, 36 §3613.1)

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT, MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANT:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATIONS

THE UNDERSIGNED APPLICANT WARRANTS THAT THE STATEMENTS SET FORTH IN THIS APPLICATION AND ITS ATTACHMENTS AND OTHER MATERIALS SUBMITTED TO THE INSURER ARE TRUE AND CORRECT.

THE UNDERSIGNED UNDERSTANDS, AGREES TO, AND ACKNOWLEDGES, THAT THIS POLICY CONTAINS A POLICY AGGREGATE LIMIT OF LIABILITY THAT IS ACCEPTED AND SHARED BY ALL OF THE APPLICANTS AND INSURED'S WHO ARE OR MAY BECOME AN INSURED HEREUNDER. IN VIEW OF THE OPERATION AND NATURE OF THIS SHARED POLICY AGGREGATE LIMIT OF LIABILITY, THE APPLICANT UNDERSTANDS AND AGREES THAT PRIOR TO FILING A CLAIM UNDER THIS POLICY, THE POLICY AGGREGATE LIMIT OF LIABILITY MAY BE EXHAUSTED OR REDUCED BY PRIOR PAYMENTS FOR OTHER CLAIMS UNDER THIS POLICY. AS A RESULT, THERE MAY BE NO AVAILABLE LIMIT TO PAY AN APPLICANT'S OR INSURED'S CLAIM, REGARDLESS OF WHETHER ANY LOSS, BUSINESS INTERRUPTION EXPENSE OR EXTRA EXPENSE HAS BEEN PAID ON SUCH APPLICANT'S OR INSURED'S BEHALF.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Insurance representative: \_\_\_\_\_

Name of firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Surplus lines agent (SLA) (for the state where the named insured is domiciled): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State, ZIP code: \_\_\_\_\_

Surplus lines license number: \_\_\_\_\_