

This application is for a policy providing coverage on a claims made and reported basis. Payment of defense costs may erode the limits of liability depending upon the coverage listed and provided in the Declarations.

Instructions

- Please print clearly or type.
- Answer all questions completely. If any question(s) does not apply, enter "N/A" in the space provided.
- Complete Section 4 for each location.
- Complete Section 5 for each storage tank system.
- If additional space is needed to answer any question, attach details on a separate sheet using the first Named Insured's letterhead and reference the applicable section number.
- This application must be signed and dated by an authorized Owner, Principal, Partner, Director or Risk Manager of the first Named Insured.

Please submit the following information in addition to this application.

- Any environmental surveys; assessments; audits; storage tank inspections performed at any of the locations to be considered. Check box if none available: ☒
- If requesting a retention amount greater than \$25,000, submit the past two years of complete financial statements.
- To receive credit for retroactive dates, please submit the expiring carriers Declarations Page, Schedule of Forms, Schedule of Covered Locations and Covered Storage Tanks AND three years of currently valued pollution loss runs. Check box if none available: ☒

Request (select one)

☒ New

☐ Renewal

☐ Endorse

Section 1. Applicant Information

Applicant Name or Named Insured Aarya LLC

Address 13 Causey Ave

City Milford

State

De

ZIP

19963

Name of Contact Sandeep Desai

Title

owner

Telephone 570-677-1251

E-mail

sweetmart007@gmail.com

Fax

Website

Federal Employee Identification Number (FEIN)

86-2104547

Company is

LLC

Standard Coverage

Yes	No	Desired Storage Tank Coverage	Yes	No	Desired Location Coverage
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Storage tank system cleanup	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site specific cleanup
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Storage tank system third party bodily injury & property damage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Site specific third party bodily injury & property damage

Optional Coverage					
Yes	No		Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Amended spills and overfills coverage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Natural resource damages
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Business interruption	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Off-site operations pollution liability coverage
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dedicated limits per location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Waste transportation liability coverage
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excess of state storage tank fund(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-owned disposal locations liability coverage
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other:			

Limits	Per Claim	Total All Claims	Retention	
Requested Limits	\$ 1,000,000	\$ 1,000,000	Type	<input checked="" type="checkbox"/> Deductible <input type="checkbox"/> SIR
Requested Defense Limits	\$ 1,000,000	\$ 1,000,000	Requested Amount	\$ 5,000
Desired Policy Term <input checked="" type="checkbox"/> One Year <input type="checkbox"/> Two Years <input type="checkbox"/> Three Years Proposed Effective Date 08/25/23				

Section 2. Producer Information					
Producer	Records Gebhart Agency Inc			Commission	%
Address	PO Box 1000				
City	Smyrna	State	DE	ZIP	19977
Contact	Kyle Gebhart	Title	President		
Telephone	302-653-9211	Fax	302-653-5803		
Email	kyle.recordsgebhart@gmail.com	Website	recordsgebhart.com		
Surplus Lines License Number	6813963	License State	De		

If surplus lines producer information is different than the producer information listed above, complete the following:					
Surplus Lines Producer					
Address					
City		State		ZIP	
Contact		Title			
Telephone		Fax			
Email		Website			
Surplus Lines License Number		License State			

Section 3. Other Insured's Information		<input checked="" type="checkbox"/> Check this box if this section does not apply.	
Other Insured entity name			
Relationship with applicant			
Other Insured's type of operation			
*If more than two (2) other insured entities are requested, submit the above underwriting information for each additional entity.			

Section 4. Location Information					
Location Name	gas station		Location Identification Number		
Address	Same		<input checked="" type="checkbox"/> Check box if same as applicant address		
City		State		ZIP	
Contact			Title		
Telephone			Fax		
Email					
Type of Operation	gas station		Number of year's location has operated as such:		2
Location owner	<input checked="" type="checkbox"/> Same as Applicant <input type="checkbox"/> Other:		Location operator	<input checked="" type="checkbox"/> Same as Applicant <input type="checkbox"/> Same as Owner <input type="checkbox"/> Other:	
Yes	No	Location			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Have you ever had any pollution claims for bodily injury, property damage or cleanup costs including, but not limited to, claims by private persons, public entities, governmental agencies or other third parties? If "yes", provide an explanation and attach copies of applicable reports.			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Are you aware of any waste materials that have been disposed of or buried on or at this location? If "yes", provide details:			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Do you have a Spill Prevention Control & Countermeasure (SPCC), Emergency Response or Storage Tank Management plan for this location? If "yes", attach a copy of applicable documents.			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Are there any abandoned, temporarily out of service, empty, out of use or inactive storage tank systems at this location? If "yes", provide details:			
*If coverage for more than one (1) location is requested, submit a completed Section 4 for each additional location.					

Section 5. Storage Tank System Information
☐ Check this box if this section does not apply.

Location Identification Number

Number of USTs at this location

5

Number of ASTs at this location

Storage tank system owner

☒ Same as Applicant
☐ Other:

Storage tank system operator

☒ Same as Applicant ☐ Same as Owner
☐ Other:

- | Yes | No | Storage Tank System(s) | | | | | | | | |
|-------------------------------------|-------------------------------------|--|--------------|-----------------------------|--|--|---------|--|-----------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. At the time of signing this application, do all storage tank systems comply, at a minimum, with the United States Environmental Protection Agency's (US EPA) requirements regarding construction, overfill/spill protection and leak detection for tanks, piping and dispensing systems? If "no", provide details: | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Do you have plans to upgrade, repair, remove or replace any of the storage tanks submitted for coverage in the next twelve (12) months? If "yes", attach a detailed description of the planned activities with a timeline for activities to be completed. | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Do you use a remote monitoring system with an outside vendor, who receives an alarm when a release occurs and is responsible for notifying the appropriate parties? If "yes", provide: <table border="1" style="margin-top: 10px;"> <tr> <td>Name of Firm</td> <td colspan="3">Solidity Petroleum Services</td> </tr> <tr> <td>Contact</td> <td></td> <td>Telephone</td> <td></td> </tr> </table> | Name of Firm | Solidity Petroleum Services | | | Contact | | Telephone | |
| Name of Firm | Solidity Petroleum Services | | | | | | | | | |
| Contact | | Telephone | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Are there any tanks at this location that are not registered with the applicable state regulatory agency or that are not included within this application? If "yes", provide details: | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Is the most recent annual storage tank site inspection report available? If "yes", attach a copy. | | | | | | | | |

Tank Details

Tank Id	1,2	3	4	5
Type	<input checked="" type="checkbox"/> UST <input type="checkbox"/> AST	<input checked="" type="checkbox"/> UST <input type="checkbox"/> AST	<input checked="" type="checkbox"/> UST <input type="checkbox"/> AST	<input checked="" type="checkbox"/> UST <input type="checkbox"/> AST
Original Installation Date	1984	1983	1988	1995
Capacity (gallons)	6,000	8,000	2,000	1000
Contents	gas	gas	Diesel	kerosene
Construction	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW
Is tank equipped with secondary containment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Piping Construction	<input type="checkbox"/> SW <input type="checkbox"/> DW		Diameter (inches)	
			Length (feet)	
Spill bucket installation date			Date of most recent spill bucket testing	Date of most recent spill bucket repair
Average monthly thru put (gallons)	1500/day		Automatic fuel delivery <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency of fuel delivery


*If coverage for more than four (4) storage tanks is requested, submit a completed Section 5 for each additional storage tank.

Section 6. Compliance History and Future Plans

Yes	No									
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. During the past five (5) years, have you been cited or prosecuted for any violation of any applicable environmental law and/or federal, state or local regulation arising from the release or spill of hazardous substances, hazardous waste or any other pollutants? If "yes", provide details:								
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at the present comply with? If "yes", provide details:								
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Have you been subject to third party claims as a result of a pollution event from a non-owned disposal facility? If "yes", provide details:								
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Do you perform any operations off-site? If "yes", provide details:								
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Do you have an outside contractor, firm or one person who is responsible for environmental and/or compliance management services? If "yes", provide: <table border="1" data-bbox="240 724 1536 861"><tr><td>Name of Firm</td><td></td><td>Contact</td><td></td></tr><tr><td>Phone Number</td><td></td><td>E-mail</td><td></td></tr></table>	Name of Firm		Contact		Phone Number		E-mail	
Name of Firm		Contact								
Phone Number		E-mail								
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Are there any future plans to sell or sublease any of the locations and/or storage tank systems submitted for coverage? If "yes", provide details:								
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Are there any plans for future development, improvement, excavation, betterment, demolition or plans for changes at any of the locations submitted for coverage? If "yes", provide details:								

Section 7. Notice to Applicant

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. The coverage applied for is solely as stated in the policy and any endorsement thereto, which provides coverage for cleanup costs, bodily injury and property damage liability coverage for claims first made against the insured and reported to the insurer, in writing, during the policy period. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

Applicant Signature	X 
Printed Name	SANDEEP DESAI
Title	OWNER
Date	9/19/2023