



STORAGE TANK POLLUTION PROGRAM APPLICATION

This application is for use in applying for Storage Tank Liability and Clean-Up coverage.

The following information is required to complete the application as attachments:

- Three years of currently valued loss information for any prior pollution or storage tank coverage. *If there are no known losses, a letter from the insured on their letterhead indicated no known losses will suffice.*
- Complete copies of any environmental site assessments, investigations or reports for the proposed scheduled property.
- Complete copies of any Spill Prevention, Control & Countermeasure Plan (SPCC) and/or Facility Response Plan for the proposed scheduled property.
- Complete copy of any expiring storage tank and/or pollution coverage policies, including Declarations page.
- Integrity test results for each storage tank dated within the last six (6) months..

NOTICE: Please answer all questions on this application. Attach additional sheets if necessary.

APPLICANT INFORMATION:

Named Insured:					
Mailing Address:					
City:		State:		Zip:	
Contact Person:			Telephone #:		
Email Address:			Website Address:		
Corporate Entity is:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other				
Corporate Description (if JV or Other):					
What Year was the Entity Founded:					
What is your fiscal year period?					
Total Revenue anticipated for the next 12-month period::					
Total Revenue anticipated for the expiring 12-months:					
Total Revenue for the 2nd prior 12-months:					
Total Revenue for the 3rd prior 12-months:					

COVERAGE INFORMATION:

Existing Coverage:						
	Carrier	Limits of Insurance	Deductible	Effective Date	Retroactive Date	Premium
Storage Tank Liability:						
Site-Specific Pollution Liability:						

Requested Coverage:				
	Limits of Insurance	Deductible/Retention	Effective Date	Retroactive Date
Storage Tank Liability:				
Site-Specific Pollution Liability:				

CLAIMS INFORMATION:

In the last three (3) years, has the applicant submitted any insurance claim under existing Environmental Impairment Liability or Storage Tank Liability policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please describe or provide attached reference:	
In the last five (5) years, has the applicant been prosecuted, or is the applicant current facing prosecution, for any violation, breach or infraction of any environmental or operational standard, rule or law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please describe or provide attached reference:	
Has the applicant, or their operations at any property or facility, ever faced any voluntary or mandatory environmental clean-up, response action, damage or restoration costs associated with the release of any hazardous substances, chemicals or other pollutants?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please describe or provide attached reference:	
At the time of signing this application, is the applicant aware of any facts, circumstances, reports, notices or complaints which could be reasonably expected to result in a claim for bodily injury, property damage or clean-up costs resulting from the release of any pollutants?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please describe or provide attached reference:	
Has the applicant filed for bankruptcy, or any other financial protection, during the past five (5) years, or do you have any plans to file for bankruptcy or any other financial protection?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please describe or provide attached reference:	
At the time of signing this application, are any storage tanks listed in the application not in service?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any plans to remove, replace or upgrade any of the storage tanks listed in the application within the next year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
At the time of signing this application, are any of the storage tanks listed in the application enrolled in any state clean-up or remediation programs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES" answered to any of the above, please provide a detailed explanation.</i>	
At the time of signing this application, do all of the storage tanks listed in the application comply with all local, state and federal requirements regarding construction, protection and leak detection?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "NO", please provide a detailed explanation.</i>	
At the time of signing this application, have the leak detection tests and integrity tests for all tanks and piping been performed in the required intervals for the last three (3) years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have any systems, tanks or piping ever failed such leak detection or integrity tests?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a remote leak detection and release monitoring system that utilizes a third-party monitor in use for all listed tanks?	<input type="checkbox"/> YES <input type="checkbox"/> NO

STORAGE TANK LIABILITY POLICY UNDERGROUND STORAGE TANK SYSTEMS (Use additional copies of this page as necessary)

Named Insured:	
Facility Name:	
Facility Address:	

UST SCHEDULE:

TANK ID	INSTALL YEAR	CAPACITY (Gallons)	CONTENTS	TANK CONST.	CONTS, METHOD	SPILL PROTECTION	LEAK DET.	PIPING CONST.	PIPING LEAK DET.

Are there any other underground tanks at this facility that are not listed above? YES NO

The following codes should be used in completing the UST Schedule above:

CONTENTS		TANK CONSTRUCTION		CONSTRUCTION METHOD		OVERFILL/SPILL PROTECTION	
G	Gasoline	S	Bare Steel	SW	Single Walled	NA	None
D	Diesel	F	Fiberglass	DW	Double Walled	BC	Ball Check Valve
F	Fuel Oil	FCS	Fiberglass Clad Steel			SC	Spill Containment
W	Waste Oil	CPS	Cathodically Protected Steel			FS	Flow Shut-Off
K	Kerosene	FRP	Fiberglass Reinforced Plastic			A	Alarm/Gauges
H	Hazardous	STI	STI-P3			F	Tight Fill
C	Chemicals	PCL	Plastic Clad Steel			O	Other
O	Other	R	Internally Relined				

LEAK DETECTION		PIPING CONSTRUCTION		PIPING LEAK DETECTION	
M	Manual Gauging	S	Bare Steel	S	Same as Tank
IR	Inventory Reconciliation	F	Fiberglass	IM	Interstitial Monitoring
IM	Interstitial Monitoring	P	Polyethylene	E	Electronic Line Leak Detection
TT	Tightness Tests	HP	High-Density Poly	M	Mechanical Line Leak Detection
GW	Groundwater Monitoring	CPS	Cathodically Protected Steel	TT	Tightness Tests
VM	Vapor Monitoring	B	Black Iron	V	Valve/Suction Check
				N	None

**STORAGE TANK LIABILITY POLICY
ABOVE-GROUND STORAGE TANK SYSTEM**
(Use additional copies of this page as necessary)

Named Insured:	
Facility Name:	
Facility Address:	

AST SCHEDULE:

TANK ID	INSTALL YEAR	CAPACITY (Gallons)	CONTENTS	TANK CONST.	CONST. METHOD	LEAK DET.	PIPING CONST.	TANK BASE	TANK DIKING

Are there any other above-ground tanks at this facility that are not listed above?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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The following codes should be used in completing the AST Schedule above:

CONTENTS	TANK CONSTRUCTION	CONSTRUCTION METHOD	LEAK DETECTION
G Gasoline	S Bare/Welded Steel	SW Single Walled	M Manual Gauging
D Diesel	SS Stainless Steel	DW Double Walled	IR Inventory Reconciliation
F Fuel Oil	P Plastic/Poly		V Visual Inspection
W Waste Oil	C Concrete		E Electronic Gauging
K Kerosene	F Fiberglass		IM Interstitial Monitoring
H Hazardous			
C Chemicals			
O Other			

BASE/DIKING CONSTRUCTION	
E	Dirt/Earthen
C	Concrete/Masonry
S	Synthetic Liner
O	Other
N	None

FRAUD WARNING: APPLICABLE TO ALL STATES

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person files an application for insurance or 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 and shall also be subject to criminal and civil penalties and confinement in prison.

FRAUD WARNING: ARIZONA

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

FRAUD WARNING: DISTRICT OF COLUMBIA

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 were provided by the applicant.”

FRAUD WARNING: NEW HAMPSHIRE

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

FRAUD WARNING: NEW YORK

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 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

The completion of this application does not bind coverage or in any way commit Century Insurance Group to provide insurance coverage to the applicant. The applicant’s acceptance of Century Insurance Group’s written quotation and binding agreement is required to bind any coverage and issue a policy. It is agreed that this application is the basis of any such issued insurance contract and will be attached as a part of the policy.

I hereby certify to the truth of the foregoing and that I am authorized to execute the above warranty and representation on behalf of the applicant.

SIGNATURE OF OWNER OR OFFICER OF APPLICANT:	
PRINTED NAME & TITLE OF SIGNATORY:	
DATE OF SIGNATURE:	