

# AMERICAN INTERNATIONAL COMPANIES®

## STORAGE TANK APPLICATION

COMPANY TO WHICH THIS APPLICATION IS MADE: \_\_\_\_\_

### NOTICE

*This application is for a single location. Please answer all questions. Attach additional sheets of paper if necessary.*

*This policy provides that an aggregate defense expense limit separate from the limit of liability that applies to Loss, Corrective Action and Cleanup costs shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.*

1. Named Insured: \_\_\_\_\_

Facility Name: \_\_\_\_\_

2. Insured's Address: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

3. Use of Facility \_\_\_\_\_

4. Leased/Owned \_\_\_\_\_

5. Please provide a survey plat (blueprint) for this facility.

6. List all claims made against you during the past five years for cleanup, or response action, or bodily injury or property damage, resulting from the release of regulated substances, hazardous waste or any other pollutants, from this location or other locations owned or operated by you, into the environment. Provide a brief description of the claim(s) and its disposition. If none, so state. \_\_\_\_\_

\_\_\_\_\_

7. 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 or claims 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? \_\_\_\_\_

8. Have you during the past five years had any reportable releases or spills of regulated substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations? (Y/N) \_\_\_\_\_. If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

9. Have you during the last five years been prosecuted, or are you currently being prosecuted, for contravention 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? (Y/N) \_\_\_\_\_. If yes, please give details. \_\_\_\_\_

\_\_\_\_\_

10. Is there a history of leaks or releases at this facility not stated above: (Y/N) \_\_\_\_\_. If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

11. Were all tanks new at installation? (Y/N) \_\_\_\_\_. If no, provide details regarding the date manufactured, and any upgrades or changes made to the tank since the date manufactured. \_\_\_\_\_

\_\_\_\_\_

12. Have any repairs or upgrades (including relining) been performed within the past ten years for any tank at this location? (Y/N) \_\_\_\_\_. If yes, why were the repairs or upgrades performed? \_\_\_\_\_

\_\_\_\_\_

13. Please provide a copy of the SPCC with regard to the aboveground storage tanks if any exists. Have any inspections or maintenance procedures as required by the plan, ***not*** been performed? If yes, please explain \_\_\_\_\_

\_\_\_\_\_

14. Were any tanks ever removed or closed at this location? (Y/N) \_\_\_\_\_. If yes, provide specific details as to why this occurred. \_\_\_\_\_

\_\_\_\_\_

**15. STORAGE TANK SCHEDULE:**

**TANKS**

**PIPING**

<u>TANK #</u>	<u>UST / AST</u>	<u>YEAR INST.</u>	<u>CAPACITY (GALLONS)</u>	<u>CONST. MATERIAL</u>	<u>CONTENTS</u>	<u>REG. COMP. (Y/N)</u>	<u>LEAK DETECTION</u>	<u>AST DIKING CONST.</u>	<u>AST BASE CONST.</u>	<u>YEAR PIPING INST.</u>	<u>CONST. MATERIAL</u>	<u>LINE LEAK DETEC.</u>	<u>DATE LAST TESTED</u>
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**TANK CONSTRUCTION:**

**CONTENTS:**

**LEAK DETECTION:**

**DIKING & BASE CONSTRUCTION:**

F/S=FRP STEEL COMP. DW=DOUBLE WALLED FRP R=REG. GASOLINE NO=NEW OIL ATM=AUTO TANK MONITOR TT=TIGHTNESS TEST E=EARTHEN O=OTHER  
 STI=STI P3 S=COATED BARE STEEL U=UNLEADED HO=HEATING OIL SV=SOIL VAPOR WELL SIA=STATISTICAL INVENTORY S=SAND (PLEASE SPECIFY)  
 FRP=SINGLE WALLED FRP WO=WASTE OIL K=KEROSENE DW=INTERSTIT. MONITORING ANALYSIS C=CONCRETE  
 CP/S=CATHODICALLY PROTECTED STEEL D=DIESEL GW=GROUNDWATER WELLS N=NONE

**REG. COMP.:** DENOTES A TANK MEETING USEPA TECHNICAL AND LEAK DETECTION REQUIREMENTS

**16. Do you use an outside contractor or firm for compliance management services. This includes, but is not limited to, equipment inspection and monitoring, proper state and local regulatory paperwork completion, and filing, pooling gauges and monthly monitoring reports for you? (Y/N)\_\_\_\_\_ If yes, please give the name and phone # of the firm you use.**

**LIMITS DESIRED:** \_\_\_\_\_ \$ .5 million/\$1 million \_\_\_\_\_ \$1 million/\$1 million  
 \_\_\_\_\_ \$1 million/\$2 million \_\_\_\_\_ \$2 million/\$2 million OTHER:\_\_\_\_\_

HIGHER LIMITS ARE RECOMMENDED IF BOTH UNDERGROUND AND ABOVEGROUND TANKS EXIST.

**17. 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? (Y/N)\_\_\_\_\_ If yes, please give the name of that vendor.\_\_\_\_\_**

**DEDUCTIBLE DESIRED:** \_\_\_\_\_ \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$25,000  
 \_\_\_\_\_ \$50,000 \_\_\_\_\_ \$100,000 \_\_\_\_\_ \$250,000 OTHER:\_\_\_\_\_

**18. Do any plans exist to remove or replace any tanks within the next year? (Y/N) \_\_\_\_\_. If yes, list when and why the removal or replacement is to occur. \_\_\_\_\_**

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to the policy. If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail.

**19. Do you currently have pollution liability insurance coverage for the tanks applied for on this application? (Y/N) \_\_\_\_\_. If so, please list below the name of the carrier, expiring premium, expiring deductible and limits of liability. \_\_\_\_\_**

**NOTICE TO ARKANSAS 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 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 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 OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

**NOTICE TO 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 CIVIL FINES AND CRIMINAL 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 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.”

**NOTICE TO OHIO APPLICANTS:** “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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 PENNSYLVANIA APPLICANTS:** “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.”

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**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

**APPLICANT:** \_\_\_\_\_ **BROKER:** \_\_\_\_\_  
(Signature of owner) (Firm)

**APPLICANT:** \_\_\_\_\_  
(Print name) (Address)

**DATE:** \_\_\_\_\_  
(Contact person & telephone #)

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(Signature of broker or agent)

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(License number and state)