

**Applicant Name:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Type of Entity:** ☐ Corporation ☐ Individual ☐ Partnership ☐ LLC ☐ Other

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Current UST Insurance Co.** \_\_\_\_\_

**Premium:** \_\_\_\_\_ **Renewal Date:** \_\_\_\_\_ **Retro Date(s):** \_\_\_\_\_

**Insurance Agent:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Insurance Agency Address:** \_\_\_\_\_

**Limits Requested:** ☐ 1Mil/1Mil ☐ 1Mil/2Mil ☐ 2Mil/2Mil ☐ Other: \_\_\_\_\_

**Deductible Requested:** ☐ 5,000 ☐ 10,000 ☐ 15,000 ☐ 20,000 ☐ 25,000 ☐ 50,000 ☐ Other: \_\_\_\_\_

**Are ALL tanks in compliance with current EPA regulations?**

☐ Yes ☐ No

If "No", please provide full details

**Do you own the tanks?**

☐ Yes ☐ No

If "No", please provide full details

**Are there any plans to close, remove or upgrade any tanks in the next 18 months?**

☐ Yes ☐ No

If "Yes", please provide full details

**Any changes, upgrades or modification to any tank(s) or site(s) in the last year?**

☐ Yes ☐ No

If "Yes", please provide full details

**Have any of the tanks/sites being considered ever had any leaks/spills?**

☐ Yes ☐ No

If "Yes", please provide full details

**Have any of the sites being considered had any remediation/removal or cleanup?**

☐ Yes ☐ No

If "Yes", please provide full details

**Are there any additional Insured's?**

☐ Yes ☐ No

If "Yes", please provide full details

**At the time of signing this application, are you aware of an circumstances which may reasonably be expected to give rise to a claim under this policy?**

☐ Yes ☐ No

If "Yes", please provide full details

**Tank Information**

**Check if Above Ground**

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contents

Date Installed

Capacity (Gallons)


\*Attach lining certification. This is required to receive credit for tank lining.

**Check if Double Walled**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Tank Construction**

Steel

STIP-3

Fiberglass

Fiberglass Clad Steel

Fiberglass Lined\*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date Lined:

**Tank Protection**

None

Cathodic Protection

Painted/Coated

Concrete Diking

Earthen Diking

Steel Diking

Vaulted

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Tank Leak Detection**

None

Automatic Tank Gauge

Statistical Inventory Control

Dipstick Monitoring

Interstitial Monitoring

Visual

Groundwater/Vapor Monitoring

Spill/Overfill Protection

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of Last Tightness Test: \_\_\_\_\_ Please attach a copy of the certificate.

Check if Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Information	1	2	3	4	5
Piping Install Date					
% Aboveground					
Piping Construction					
Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass/Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe Protection					
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe Leak Detection					
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Method					
Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The applicant represents that the above statements are true and correct to the best of their knowledge and that no material or relevant facts have been suppressed or misstated and agrees that the policy, if issued will be issued on the reliance of such representations.

Applicant/Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_