# COLONY group

**9201 Forest Hill Ave., Suite 200, Richmond, VA 23235 Tel (800) 577-6614  Fax (804) 327-3175**

## APPLICATION FOR STORAGE TANK POLLUTION LIABILITY INSURANCE
### (This Application is for a Claims Made Policy)

## APPLICANT'S INFORMATION

| | |
|---|---|
| APPLICANT NAME: | |
| BUSINESS NAME: | |
| MAILING ADDRESS: | |

<u>TYPE OF BUSINESS:</u>　☐ Corporation　☐ Individual　☐ Partnership
☐ L.L.C.　☐ OTHER:

1. Who is your current pollution carrier? _____

   Expiration Date: _____ Premium: _____ Retroactive Date: _____
   (Please attach a copy of the expiring policy.)

2. Deductible requested:　☐ $1,000　☐ $2,500　☐ $5,000　☐ Other _____

3. To the best of your knowledge, has any location for which you are applying for　☐ No ☐ Yes
   coverage ever had a leak, spill, release or discharge of petroleum products?
   **If "Yes," please attach an explanation.**

4. Have you ever received a notice of regulatory violations, or sustained any　☐ No ☐ Yes
   pollution-related claims, liability lawsuits or complaints from neighbors?
   **If "Yes," please attach an explanation.**

5. Is any location for which you are applying for coverage currently undergoing　☐ No ☐ Yes
   corrective action or monitoring?
   **If "Yes," please attach an explanation.**

6. At the time of signing this application, are you aware of any circumstances　☐ No ☐ Yes
   which may reasonably be expected to give rise to a claim under this policy?
   **If "Yes," please attach an explanation.**

7. To the best of your knowledge, are you in compliance with all federal, state,　☐ No ☐ Yes
   and local safety, health and environmental regulations?
   **If "No," please attach an explanation.**

I certify that the statements set forth in the application are correct. If any information supplied on this application should change between the date of this application and the inception date of the policy period, I will immediately notify the insurer of such change. I agree that this application shall be deemed to be attached to and made part of the policy, if issued. I also understand that any misrepresentation of information contained in this application could result in the policy being voided.

I understand that the company will rely on the information I have provided as the basis for deciding whether an insurance policy will be issued.

Applicant's Signature: _____ Title: _____

Date of Application: _____

Complete this section for each facility

Facility Name and Address: _____

_____

Name registered with the state (if different): _____

State facility identification/registration number: _____

1. Please indicate the business use of this facility:

   [ ] Convenience Store     [ ] Lube/oil service      [ ] Service Station
   [ ] Marina               [ ] Cardlock
   [ ] Own fuel consumption (describe business: _____

2. Do you have any plans to remove, replace, upgrade or modify the tanks, lines    ☐ No ☐ Yes
   or dispensers at this facility?  If Yes, please attach an explanation.

3. Are any storage tanks at this facility inactive, temporarily closed, out of    ☐ No ☐ Yes
   service or not in use?  If Yes, attach a diagram identifying the tank(s),
   how long inactive and any plans to return to active service.

4. A.   Is inventory control performed daily?    ☐ No ☐ Yes
   B.   Are all monthly inventory variances within allowable ranges?    ☐ No ☐ Yes

5. Please indicate the method of monthly leak detection used at this facility:

   [ ]   Automatic tank gauging/monitoring with monthly leak test

   [ ]   Interstitial monitoring (double walled systems)
         (electronic sensor or monthly inspection of the annular space between the tank walls)

   [ ]   Monitoring wells: # vapor wells: _____   # groundwater wells: _____
         Frequency of sampling? _____ Any petroleum detected?   ☐ No ☐ Yes

   [ ]   Statistical inventory reconciliation (third party analysis of monthly inventory records)

   [ ]   Periodic precision tank testing
         Test method: _____ Date of last tank test: _____

   [ ]   Annual tightness testing of product lines  - Date of last line test: _____

   [ ]   Annual inspection of line leak detectors  - Date of last inspection: _____

6. A.   Are the dispenser areas clean and free of spillage?    ☐ No ☐ Yes

   B.   Do you periodically check under the dispensers for signs of leakage?    ☐ No ☐ Yes

        **If "Yes, how often?** _____
   C.   Are the dispensers equipped with sumps?    ☐ No ☐ Yes

7. Is there any indication that your tanks, lines or dispensers are leaking or may    ☐ No ☐ Yes
   be leaking?  **If "Yes," please explain:** _____

# Underground Storage Tank Schedule

Include all underground tanks located at this facility.  Attach additional schedules as needed.

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Year of original installation | | | | | |
| Capacity (gallons) | | | | | |
| Currently in use?  (Y/N) | | | | | |
| Tanks are Single Wall (SW) or Double Wall (DW)* | | | | | |
| Contents | | | | | |
| Tank Construction – enter code<br><br>FRP – fiberglass<br>CPS – corrosion protected steel<br>FCS – fiberglass clad steel<br>IL    – steel, interior lined (retrofit)<br>IC    – steel, impressed current corrosion protection (retrofit) | | | | | |
| For IL or IC tanks, when was this work completed? (Mo/Yr) | | | | | |
| Equipped with spill catchment basin and overfill prevention device? (Y/N) | | | | | |
| Piping is Single Wall (SW) or Double Wall (DW)* | | | | | |
| Piping Construction<br>FRP – fiberglass<br>CPS – corrosion protected steel<br>FLX – flexible<br>Other – write in | | | | | |
| Pressurized (PRS) or Suction (SUC) lines? | | | | | |
| Are pressurized (PRS) lines equipped with line leak detectors? | | | | | |

*  DW tanks and piping have an annular space between the tank or piping walls.

Include all above ground storage tanks located at this facility. Attach additional schedules as needed.

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Year of original installation | | | | | |
| Capacity (gallons) | | | | | |
| Currently in use (Y/N)? | | | | | |
| Single Wall (SW) or Double Wall (DW) | | | | | |
| Tank construction material | | | | | |
| Contents | | | | | |
| Within secondary Containment?  (Y / N) | | | | | |
| Type of containment and construction material | | | | | |
| Leak detection method | | | | | |
| Date of any tank retrofit, repair, lining or upgrade (please describe) | | | | | |
| Tank pad material (e.g., concrete, stone/gravel, bare earth, etc.) | | | | | |
| Piping construction material | | | | | |
| Is piping underground?  (Y / N) | | | | | |
| If Yes, length underground? | | | | | |
| If Yes, when was last tightness test performed? | | | | | |
| Is the dispenser area and/or loading rack clean and free of spillage from routine operations? (Y / N) If No, please explain. | | | | | |