

COMBINED UST/AST

The information collected in this worksheet will be utilized to complete an on-line application on your behalf.

Instructions:

- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks.
- Check Yes or No answers.
- **Complete Facility/Storage Tank Inventory Supplemental Worksheets (1 AST/ 1 UST for each Facility where applicable)**
- This form must be completed, dated and signed by a principal of your Company.

Insured's Name: _____

Address: _____

City: _____

State: _____

Country: United States

ZIP: _____

Telephone #: _____

Email Address: _____

Is the Insured purchasing this coverage to satisfy financial responsibility requirements? YES NO

Any Additional Insureds to be listed on the Policy?
(If yes, please identify the Additional Insured's here.): YES NO

Are any of the Insureds facilities located in the State of Florida? YES NO

Effective Date of Coverage _____ (Expiration Date will be 1 year from effective date)

Retroactive Date _____ (max 10 year prior to desired effective date)

Policy Limits (per incident/aggregate all incidents):

UST Limits: Per Incident \$1,000,000 \$2,000,000
Aggregate \$1,000,000 \$2,000,000

AST Limits: Per Incident \$1,000,000 \$2,000,000
Aggregate \$1,000,000 \$2,000,000

Per Incident Deductible: \$2,500
 \$5,000
 \$10,000
 \$25,000

Total Number of Facilities with Storage Tanks to be covered under this Policy _____

Total Number of USTs to be covered under this Policy _____

Total Number of ASTs to be covered under this Policy _____

1. Does any insured to be covered under this proposed insurance currently have any plans to remove or close any scheduled storage tanks at any of the facilities for which coverage will be sought under this policy? YES NO
2. Are all of your storage tanks compliant with all applicable Federal, State, and local regulations? YES NO
3. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against any insured to be covered under this proposed insurance with respect to storage tanks or any other pollution conditions at any of the facilities where the storage tanks the insured(s) is (are) seeking coverage for are located? YES NO
4. Does the applicant have knowledge of pollution conditions actionable under current State or Federal regulations at any of the facilities where the tanks for which you are seeking coverage are located? YES NO
5. Within the past five (5) years, is any insured to be covered under this proposed insurance aware of any failed tank/piping integrity tests or any other negative monitoring system data for any of the storage tanks the insured(s) is (are) seeking coverage for? YES NO
6. At the time of signing this application, is any insured aware of any circumstances that may reasonably be expected to give rise to a claim against any insured? YES NO

By signing below, the undersigned warrants and represents to the insurer that the information contained in this application worksheet as well as the Facility/Storage Tank Inventory Supplemental Worksheet(s) attached hereto are true and correct, and that the undersigned has exercised its best efforts in verifying the accuracy of the information. The undersigned hereby acknowledges that the information contained herein is material to the decision of the insurance company to issue a policy, and that the issuance of a policy by the insurer is in reliance upon the sufficiency and accuracy of this information.

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act. Such an act is a crime and subjects such person to criminal and civil penalties.

Signature of Authorized Applicant X
Print Name
Title
Date

Storage Tank Liability Coverage

Facility/Storage Tank Inventory

UST Supplemental Worksheet

ACE TankSafeSM

Facility No. ____ of ____

Facility Name: _____

No. of USTs at this facility: ____

Address: _____ City: _____ State: _____ USA

ZIP: _____ Facility EPA ID #: _____

Which form of Tank Maintenance/Record Keeping is utilized at this facility?

- Statistically Inventory Reconciliation with Annual Tank Tightness Testing (SIR)
- Automatic Tank Gauging/Electronic Monitoring (ATG)

Do you have a Written Tank Management Plan for this Facility? yes no

Loss History Information for this Facility:

- No pollution related clean-ups or 3rd party claims at this facility in past 10 years
- Pollution at facility in past 10 years, resolved with regulatory closure

Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility? yes no

Tank No.	Installation Date	Tank Construction	Tank Size (gallons)	Tank Contents
		<input type="checkbox"/> Double Walled <input type="checkbox"/> STP 3/4 or ACT 100 <input type="checkbox"/> Fiberglass/Steel Clad <input type="checkbox"/> Bare Steel <input type="checkbox"/> Steel w/ Cathodic Protection		<input type="checkbox"/> Unleaded <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other
		<input type="checkbox"/> Double Walled <input type="checkbox"/> STP 3/4 or ACT 100 <input type="checkbox"/> Fiberglass/Steel Clad <input type="checkbox"/> Bare Steel <input type="checkbox"/> Steel w/ Cathodic Protection		<input type="checkbox"/> Unleaded <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other
		<input type="checkbox"/> Double Walled <input type="checkbox"/> STP 3/4 or ACT 100 <input type="checkbox"/> Fiberglass/Steel Clad <input type="checkbox"/> Bare Steel <input type="checkbox"/> Steel w/ Cathodic Protection		<input type="checkbox"/> Unleaded <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other
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(use additional rows/pages as need)

**Storage Tank Liability
Coverage
Facility/Storage Tank
Inventory
AST Supplemental Worksheet**

ACE TankSafeSM

Facility No. ____ of ____

quote no. _____

Facility Name: _____

No. of ASTs at this facility: _____

Address: _____ City: _____ State: _____ USA

ZIP: _____ Facility ID #: _____ (leave blank if not applicable)

Type of Facility? Gas station Convenience store Marina Airport Industrial Fuel Storage/Transfer ALL OTHER FACILITY TYPES

Do you have an SPCC for this Facility? yes no

Loss History Information for this Facility:

- No pollution related clean-ups or 3rd party claims at this facility in past 10 years
- Pollution at facility in past 10 years, resolved with regulatory closure

Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility? yes no

Tank No.	Installation Date	AST Capacity (gallons)	AST Secondary Containment	Piping Secondary Containment	Automatic Overfill/Spill Protection and/or Electronic Leak Detection?	Tank Contents
			<input type="checkbox"/> Permeable <input type="checkbox"/> Impermeable <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other
			<input type="checkbox"/> Permeable <input type="checkbox"/> Impermeable <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other
			<input type="checkbox"/> Permeable <input type="checkbox"/> Impermeable <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other
			<input type="checkbox"/> Permeable <input type="checkbox"/> Impermeable <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other
			<input type="checkbox"/> Permeable <input type="checkbox"/> Impermeable <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other
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