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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>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
	<input type="checkbox"/> L.L.C.	<input type="checkbox"/> 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 coverage ever had a leak, spill, release or discharge of petroleum products? No Yes
If "Yes," please attach an explanation.

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

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

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

7. To the best of your knowledge, are you in compliance with all federal, state, and local safety, health and environmental regulations? No Yes
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: _____

Agency Name: _____

Agency Address: _____

FACILITY INFORMATION
Complete this section for each facility

Loc. # ____ of ____

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 or dispensers at this facility? If Yes, please attach an explanation. No Yes

3. Are any storage tanks at this facility inactive, temporarily closed, out of 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. No Yes

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 be leaking? If "Yes," please explain: _____

Underground Storage Tank Schedule

Loc. # ____ of ____

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					
<u>Tank Construction</u> - enter code FRP - fiberglass CPS - corrosion protected steel FCS - fiberglass clad steel IL - steel, interior lined (retrofit) 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)					
Year piping was installed					
Piping is Single Wall (SW) or Double Wall (DW)*					
<u>Piping Construction</u> FRP - fiberglass CPS - corrosion protected steel FLX - flexible 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.

Above Ground Storage Tank Schedule

Loc. # ___ of ___

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.)					
Year piping was installed					
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.					