



STORAGE TANK POLLUTION LIABILITY APPLICATION

NOTICE: If a policy is issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible, or retention, amount.

APPLICANT		DATE
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	WEBSITE	
Company is an: INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER <input type="checkbox"/>		
Current Insurance Company:		
Premium:	PROPOSED EFFECTIVE DATE: RETROACTIVE DATE:	
LIMITS OF LIABILITY & DEDUCTIBLE		
Limits Requested:	Deductible Requested:	
Insurance Agent:		
Phone:	Fax:	Email:
Insurance Agency Address:		
Are ALL tanks in compliance with current EPA and State regulations <i>If "No", please provide full details (attach separately)</i>	YES	NO
Do you own the tanks? <i>If "No", please provide full details (attach separately)</i>	YES	NO
Is the applicant aware of any incident, fact, circumstance, or situation including any act, error, or omission that may result in a claim being made against it or any other person or entity for which coverage is sought? <i>If "Yes", please provide full details (attach separately)</i>	YES	NO
Have any claims been made during the past five (5) years against the applicant or reported under any Storage Tank Policies? <i>If "Yes", please provide full details (attach separately)</i>	YES	NO
Has the applicant in the past five (5) years had any reportable releases or spills of regulated substances, hazardous waste, or any other pollutants, as defined by the applicable environmental statutes and regulations? <i>If "Yes", please provide full details (attach separately)</i>	YES	NO

Has there ever been any contamination at any owned facility prior to or during your tenancy, operation, and/or ownership? <i>If "Yes", please provide full details (attach separately)</i>	YES	NO
Are there any plans to close, remove or upgrade any tanks at any facility in the next 18 months? <i>If "Yes", please provide full details (attach separately)</i>	YES	NO
Are there any additional insureds? <i>If "Yes", please provide full details (attach separately)</i>	YES	NO

Storage Tank Data Sheet
 (Copy this sheet for additional tanks)

TOTAL NUMBER OF UNDERGROUND TANKS: _____
 TOTAL NUMBER OF ABOVEGROUND TANKS: _____

<u>Tank Information</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Check if above ground					
Contents					
Date Installed					
Capacity (gallons)					
Tank Construction					
Steel Single Wall					
Steel Double Wall					
STIP-3 Single Wall					
STIP-3 Double Wall					
Fiberglass Single Wall					
Fiberglass Double Wall					
Fiberglass Clad Steel Single Wall					
Fiberglass Clad Steel Double Wall					
Fiberglass Lined Steel					
<i>Date Lined</i>					
Tank Protection					
None					
Automatic Tank Gauge					
Statistical Inventory Control					
Dipstick Monitoring					
Interstitial Monitoring					
Visual					
Groundwater Monitoring					
Oil/Water Separator					
Vapor Monitoring					
Spill/Overfill Protection					

Date of Last Tightness Test: _____ *Please attach a copy of the certificate*

Piping Information					
Piping Install Date					
% Above Ground					
Piping Construction					
Steel Single Wall					
Steel Double Wall					
Fiberglass/Flexible Single Wall					
Fiberglass/Flexible Double Wall					
Pipe Protection					
None					
Cathodic					
Other					
Pipe Leak Detection					
None					
Electronic					
Interstitial					
Other					
Dispenser Method					
Suction					
Pressure					
Gravity					

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent act, which is a crime.

(Signature) _____

(Title) _____

(Date) _____

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FRAUD WARNING

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false 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 policy holder 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 Agencies.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement or claim or an application containing false, incomplete or misleading information is guilty of a felony of 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 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 an 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 for insurance or statement of a 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 subjects the person to criminal and civil penalties.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.