

American Safety Insurance Services, Inc.

ASIG Insurance Services (in California)

1845 The Exchange, Atlanta, GA 30339

Tel (800) 388-3647 Fax (770) 955-8339

www.americansafetyinsurance.com

Storage Tank Application

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details on a separate sheet of paper. All Applicants must sign the application where indicated.

PRODUCER	APPLICANT
Name: _____	Name: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____
Fax #: _____	Fax #: _____
Email Address: _____	Email Address: _____
Web Address: _____	Web Address: _____
PRODUCER NAME: _____	PRIMARY CONTACT NAME: _____

Applicant Operations	Additional Named Insured(s)
Describe specifically the operations of the Applicant: _____ _____ _____	Name: _____ Address: _____ Description: _____

SECTION I. Retention, Limit & Coverage		
Effective Date: _____	Retro Date: _____	Policy Term: <input type="checkbox"/> One Year <input type="checkbox"/> Two Year <input type="checkbox"/> Other _____
Deductible Amount: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other _____	Limits of Liability: <input type="checkbox"/> \$1M/\$1M <input type="checkbox"/> \$1M/\$2M <input type="checkbox"/> Other _____	

SECTION II. Claims		Space is supplied on page 2 for providing additional information
Have any claims been made previously (last five years) against the Applicant or reported under any Storage Tank policies?		
	Total Incurred*	Number of Claims
Current Year		Valuation Date
1st Prior Year		*Includes Loss and Expense Paid and reserved.
2nd Prior Year		
3rd Prior Year		
4th Prior Year		
For Claims Greater than \$5,000, provide details , including Date of Claim, Nature of Claim, Amount of Claim paid or reserved.		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	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 whom coverage is sought? If YES, provide full details.
<input type="checkbox"/>	<input type="checkbox"/>	Has the Applicant, during 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 or regulations? If YES, provide full details.
<input type="checkbox"/>	<input type="checkbox"/>	Is there a history of leaks or releases not stated above, at any of the locations detailed in this Application? If YES, provide full details and Remediation Report(s).

SECTION III. Prior Insurance Information				Check here if this section does not apply. <input type="checkbox"/>
Expiration Date:		Expiring Premium:		
Carrier:		Retro Date:		
Limit of Liability:		Retention:		

SECTION IV. Above Ground Storage Tanks – ASTs			Check here if this section does not apply. <input type="checkbox"/>
			Provide Schedule of Tanks in Section VII, if applicable
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	Are the pipes 100% above ground? If NO, has the below ground piping been tightness tested (provide dates of testing)?	
<input type="checkbox"/>	<input type="checkbox"/>	Have the bottoms been relined? If YES, how many times? _____ Was the contractor a certified reliner? <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the name of the certified contractor and the reason why the relining was performed. _____	
<input type="checkbox"/>	<input type="checkbox"/>	Does any special technology exist in regard to preventing or detecting a leak? If YES, provide information on this/these methods. _____	
<input type="checkbox"/>	<input type="checkbox"/>	Are regular inspections and maintenance performed as specified in the Spill Prevention, Control and Countermeasures (SPCC) plan (emergency response)? If YES, provide a copy of the SPCC Plan.	

SECTION V. Underground Storage Tanks – USTs			Check here if this section does not apply. <input type="checkbox"/>
			Provide Schedule of Tanks in Section VIII, if applicable
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	Is the Applicant's facility in compliance with all relevant Federal, State and Local Regulations?	
<input type="checkbox"/>	<input type="checkbox"/>	Were all tanks new at installation? If NO, provide details.	
<input type="checkbox"/>	<input type="checkbox"/>	Have any repairs or upgrades (including relining) been performed within the past ten (10) years for any tank at this location? If YES, why were the repairs or updates performed? _____	
<input type="checkbox"/>	<input type="checkbox"/>	Have there been tank tightness tests performed on the tanks at this facility in the past 12 months? If YES, supply copies.	
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant utilize a tank leak detection and monitoring system for the UST systems at the facility?	
<input type="checkbox"/>	<input type="checkbox"/>	Do any plans exist to remove or replace any tanks within the next year? If YES, list when the removal or replacement is to occur and why such actions are being performed. _____	
<input type="checkbox"/>	<input type="checkbox"/>	Were any tanks ever removed or closed at this location? If YES, provide details as to why this occurred.	
<input type="checkbox"/>	<input type="checkbox"/>	Are there any additional tanks at this location that are not described in the following tank schedules? If YES, list.	

SECTION VI. Additional Information		Check here if this section does not apply. <input type="checkbox"/>
Please provide further descriptions below for questions which request additional detail:		
Claim details?		
Claims greater than \$5,000?		
Potential claims descriptions?		
Releases or spills?		
History of leaks?		
Additional Comments		

SECTION VII. Above Ground Storage Tanks Schedule Check here if this section does not apply.

Location	Tank I.D. #/ Name	Year Built	Tank Capacity (Gallons)	Tank Construction. Materials *1	Tank Contents *2	Testing Method *3	Secondary Containment *4	Last Date Tested
<i>EXAMPLE Inside Building 321 123 Elm Street Industrial Town, ST 99999</i>	<i>#3-AB</i>	<i>1999</i>	<i>10,000</i>	<i>ST</i>	<i>A</i>	<i>RT</i>	<i>TWT</i>	<i>8/8/2004</i>

***1 TANK/PIPING CONSTRUCTION MATERIALS**

- ST = Stainless Steel
- CBM = Copper Based Metal
- NA = Nickel Alloy
- AL = Aluminum
- TI = Titanium
- FG = Fiberglass
- PE = Polyethylene
- PP = Polypropylene
- PVC = Polyvinyl Chloride

***2 CONTENTS**

- R = Regular Gasoline
- U = Unleaded
- WO = Waste Oil
- D = Diesel
- NO = New Oil
- HO = Heating Oil
- K = Kerosene
- A = Acids
- ALC = Alcohols
- ALD = Aldehydes
- AS = Ammonium Solutions
- CST = Caustics
- SLV = Solvents
- O = Other (please describe)

***3 LEAK/INTEGRITY DETECTION**

- HT = Hydrostatic Testing
- RT = Radiographic Testing
- UT = Ultrasound Testing
- AET = Acoustic Emission Testing
- MPT = Magnetic Particle Testing
- PPT = Pneumatic Pressure Testing
- LPT = Liquid Penetrant Testing
- PVT = Partial Vacuum Tests
- MTG = Manual Tank Gauging

***4 SECONDARY CONTAINMENT**

- ERT = Earthed Berm
- CONC = Concrete Berm
- TWT = Tank within Tank
- TPC = Tank in Pan Containment

SECTION VIII. Underground Storage Tank Schedule Check here if this section does not apply.

Location	Tank I.D. #	Tank Installation Date	Tank Capacity (Gallons)	Tank Constr. Materials *1	Piping Constr. Materials *1	Tank Contents *2	Reg. Comp. Y/N	Leak Detection *3 (Tank/Piping) Indicate date and attach a copy of last tightness test

***1 TANK/PIPING CONSTRUCTION MATERIALS**

***2 CONTENTS**

***3 LEAK DETECTION**

- D/W = Double Walled 2nd Containment
- F/S = FRP/Steel Comp.
- STI = STI-P3
- FRP = Single Walled FRP
- CP/S = Cathodically Protected Steel
- S = Coated Bare Steel

- R = Regular Gasoline
- U = Unleaded
- WO = Waste Oil
- D = Diesel
- NO = New Oil
- HO = Heating Oil
- K = Kerosene
- O = Other (please describe)

- ATM = Auto Tank Monitor
- SV = Soil Vapor Well
- D/W = Interstitial Monitoring
- GW = Groundwater Monitoring
- TT = Tank Tightness Test
- MIS = Manual Inventory Sticking
- SIR = Statistical Inventory Reconciliation (Third Party)
- MTG = Manual Tank Gauging

Regular Comp.: Denotes a Tank Meeting USEPA Technical and Leak Detection Standards

WARRANTY

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue policy.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

GENERAL FRAUD STATEMENT: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. IN THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED. [NOT APPLICABLE IN COLORADO, HAWAII, NEBRASKA, OHIO, OKLAHOMA, UTAH AND VERMONT]"

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 FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

NOTICE TO HAWAII APPLICANTS: "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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 OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

NOTICE TO UTAH APPLICANTS: "FOR YOUR PROTECTION, UTAH LAW REQUIRES THE FOLLOWING TO BE INCLUDED IN THIS APPLICATION: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT UNDERWRITING INFORMATION, FILES OR CAUSES TO BE FILED A FALSE OR FRAUDULENT CLAIM FOR DISABILITY COMPENSATION OR MEDICAL BENEFITS, OR SUBMITS A FALSE OR FRAUDULENT REPORT OR BILLING FOR HEALTH CARE FEES OR OTHER PROFESSIONAL SERVICES IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

The Signatory hereby acknowledges that he/she is aware that the aggregate limit shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Company shall not be liable for the costs of legal defense or for the amount of any judgment or settlement or cleanup costs to the extent that such exceeds the limit of liability of this policy.

The Signatory hereby further acknowledges that legal defense costs that are incurred shall be applied against the self-insured retention/deductible amount.

Should the signatory become aware of any change or omission relative to the information provided herein

subsequent to the completion of this application and precedent to the effecting of insurance, the undersigned promissory warrants that he/she will submit to American Safety Insurance supplementary advice specifying such change or omission. Notwithstanding the immediate foregoing, however, the signatory further promissory warrants that he/she will inform American Safety Insurance of any change or omission with respect to any answers given in this application at any time subsequent to the completion thereof, provided insurance has been effected. It is agreed that the duty imposed upon the signatory by virtue of the foregoing promissory warranties, shall be nondelegable. It is further agreed that this application shall be the basis of any insurance as may be subsequently effected by American Safety Insurance and is incorporated and made part of the policy. American Safety Insurance will rely upon the veracity of all responses thereto in causing such insurance to be effected. It is further understood and agreed that all representations and warranties made to American Safety Insurance also are made to the issuing carrier.

APPLICANT

DATE

Signature of Principal or Officer

PRODUCER

DATE

Signature of Producer