



eKo Specialty Insurance Services, Inc.

www.eKoSpecialty.com

Please e-mail the completed and signed application to: eKo@eKoSpecialty.com

Storage Tank & Environmental Impairment Liability Application

New Business

**This is a “site specific” application and is for a “Claims Made and Reported” Insurance Policy
Complete Page 3 and 4 for Each Location**

SUBMISSION REQUIREMENTS

In order for us to provide quotations by the date needed, the following required information must be submitted with this application. Please use this sheet as a cover page to the submission and check the box next to all items that are included.

APPLICATION

- Storage Tank and Environmental Impairment Liability Application.
- Another carrier’s application. application must be completed to bind coverage.

UNDERGROUND STORAGE PROOF OF TANK INTEGRITY

- Passing Tank and Line tests for any new tanks (within the last year) or tanks which are more than 11 years old.

ABOVEGROUND STORAGE TANK COVERAGE:

- An SPCC plan for locations with total capacity of 1,320 gallons or an individual tank in excess of 660 gallons.
- Proof of tank integrity, if available.

FOR ENVIROMENTAL IMPAIRMENT LIABILITY COVERAGE

- Phase I Environmental Assessments for each location, if available.

FOR PRIOR OR CURRENTLY CONTAMINATED LOCATIONS

- A copy of any “No Further Action (NFA)” letter.
- Evidence that contamination has been remediated to the satisfaction of regulatory authorities.
- Reports showing contamination levels to be fully delineated and below minimum action levels.
- Groundwater monitoring reports or soil sample reports showing stable or decreasing parts per million.

SUPPLEMENTAL INFORMATION (if applicable):

- State specific compliance inspection checklist.
- Copies of expiring environmental insurance declarations.
- Environmental insurance loss runs over the past three years.
- List of Named Insureds and / or Additional Insureds and their relationship to the applicant.
- Information on pending acquisitions, mergers, divestitures, or corporate name changes.
- Details of any complaint, suit, or correspondence related to any public complaints or environmental and/or permit violations regarding any emission, discharge, or escape of any pollutant from any of the proposed covered Facilities to the local community.
- The applicant’s most recent two years of audited financials

So we can help you fulfill your commitments to your client, please let us know the date by which you will need to receive our quote.

Date Quote Needed By: _____

This is a "site specific" application is for a "Claims Made and Reported" Insurance Policy

New Business

PART I

APPLICANT AND POLICY COVERAGE INFORMATION

SECTION 1 -- COVERAGE REQUESTED (check all that apply)

UST FINANCIAL RESPONSIBILITY

- BODILY INJURY
- PROPERTY DAMAGE
- CORRECTIVE ACTION

ABOVEGROUND STORAGE TANKS

- BODILY INJURY
- PROPERTY DAMAGE
- CLEAN UP COSTS

FIXED SITE COVERAGE

- BODILY INJURY
- PROPERTY DAMAGE
- CLEAN UP COSTS

Proposed Effective Date: _____ Desired Policy Term: _____

Limits of Liability: _____ Retroactive Date: _____

Requested Deductible: \$5,000 \$10,000 \$25,000 Other: \$_____

SECTION 2 -- APPLICANT INFORMATION

Named Insured: _____ FEIN: _____ Date Established: _____

DBA: _____ Web Site: _____

Complete Mailing Address: _____

Applicant is: Petroleum Marketer Non-Marketer Bulk Plant Other (Specify) _____

Contact Name / Title / Phone: _____ Contact Email Address: _____

Description of Operations & Industries Served: _____

Do you currently have Environmental Impairment Liability Coverage? Yes No If yes, list information below:

Policy # _____ Policy Period: _____ Carrier: _____

Limits: _____ Deductible: _____ Retroactive Date: _____

SECTION 3 – LOCATIONS TO BE COVERED TOTAL NUMBER OF FACILITIES: _____

A. Is any location referenced herein the subject of a possible property transfer within the next 12 months? Yes No

B. For all location referenced herein, provide a brief description of any pollution or environmental incidents within the past five (5) years.

Attach additional pages if necessary: _____

C. For all locations referenced herein, describe any other known circumstances that may give rise to an environmental liability claim. Attach additional pages if necessary: _____

D. Is there currently any current remedial action or investigation taking place at any location referenced in this application? Yes No
If Yes, attach details.

E. Will any owned or operated tank or location be insured elsewhere? Yes No If Yes, explain: _____

SECTION 4 – PRIOR INSURANCE CLAIMS

For all locations, list all environmental losses paid or incurred over the past three years or attach detailed loss runs:

Date Amount Description of Loss No Losses at Any Location

END OF APPLICANT AND POLICY COVERAGE INFORMATION SECTION

**PART II
FOR UNDERGROUND STORAGE TANK COVERAGE
LOCATION INFORMATION**

Complete this PART II for **EACH** facility requesting UST / AST or EIL Coverage. All questions must be answered.
Attach additional sheets if needed.

Location Number: _____ Facility Name: _____

Facility Address: _____

Date Acquired: _____ Prior Use of Site: _____

- Owned/Occupied Owned/Rented to Others Leased from Owner Triple Net Lease

Is the Applicant aware of any pre-existing condition or contamination at this location that might lead to a claim if insured? Yes No

Describe: _____

CURRENT OPERATIONS Attach additional page if more space is needed.

1. Current Operations: Convenience Store Service Station Bulk Storage Facility Warehouse
 Car Wash Marina Quick Lube Auto Dealer
 Card-lock Facility Golf Course Other: _____
2. Length of Time Operating in this Capacity: _____
3. Describe Planned Improvements/Upgrades and Timing: _____
4. Is there any known contamination at this location? Yes No
5. If yes, what is the current status? Closed Under Investigation Under Remediation Other _____
6. Are any underground tanks inactive, closed or out-of-service? Yes No
 If Yes: (a) If yes, has the tank been removed? Yes No
 (b) Has it been filled with sand or other inert material? Yes No
 (c) Have state regulatory authorities been notified of the closure? Yes No
7. Have any repairs or upgrades (including relining) been performed on any UST's at this site within the past 10 years? Yes No
 If yes, describe: _____
8. Do any plans exist to remove, abandon or replace any tanks at this location within the next 12 months? Yes No
9. Does any single walled tank(s) exist at this location? Yes No Do any active single walled tank(s) exist? Yes No

10. Complete the information requested in the following table and use the appropriate response codes below.

ALL TANKS EXISTING AT THIS LOCATION MUST BE SCHEDULED BELOW. Use extra sheets, if necessary.

No Underground Storage Tanks exist at this location.

UST #	Year Tank Installed or Relined	Year Piping Installed	Tank Capacity (Gallons)	Tank Construction Material (A)	Piping Construction Material (A)	Contents (B)	Overfill Containment (Y or N)	Leak Detection (C)
UST #1								
UST #2								
UST #3								
UST #4								
UST #5								

A – Tank/Piping Construction Material		B – Contents		C – Leak Detection Method (show all that apply)	
DW	Double Walled	G	Gasoline	GW	Groundwater Monitoring Wells
BS	Bare Steel	WO	Waste Oil	SVW	Soil Vapor Monitoring Wells
F	Fiberglass	D	Diesel	Auto	Automatic Tank Gauging Systems
FLS/Relined	Fiberglass Lined Steel	NO	New Oil	MIS	Manual Inventory Sticking
CPS	Cathodically Protected Steel	HO	Heating Oil	SIR	Statistical Inventory Reconciliation (3rd Party)
STI-P3	Steel Tank Institute T.P	K	Kerosene	IM	Interstitial Monitoring
ACT-100	Steel Tank Institute ACT 1000	TF	Transmission Fluid	TT**	Tightness Testing
Other	Please Specify	Other	Please Specify	** If Tightness Testing is used, show the last test-date and indicate result – P/F (Pass/Fail)	

FOR ABOVEGROUND STORAGE TANK COVERAGE

11. Complete the information requested in the following table and use the appropriate response codes below. Use extra sheets if necessary.

No Aboveground Storage Tanks exist at this location.

Tank #	Year Installed or Relined	Tank Capacity (Gallons)	Tank Contents (A)	Tank Construction (B)	Overfill Prevention (Yes or No)	Leak Detection (C)	Base Construction (D)	Diking Construction (E)
AST #1								
AST #2								
AST #3								
AST #4								
AST #5								

A – Tank Contents B – Tank Construction C – Leak Detection D – Base E – Diking Construction

G	Gasoline	BS	Bare Steel	AM	Auto Monitoring	CEMENT	CB	Concrete Block
WO	Waste Oil	FRP	Reinforced Plastic	IM	Interstitial Monitoring	GRAVEL	PC	Poured Concrete
D	Diesel	WS	Welded Steel	TT	Tightness Testing ‡	SAND	EARTH	Earthen
NO	New Oil	SS	Stainless Steel	SIA	Statistical Inv. Analysis	OTHER -	LINER	Mfg Liner
HO	Heating Oil	PL	Plastic	IC	Inventory Control	Specify	Other	Please Describe
K	Kerosene	DW	Double Walled	Other	Please Describe		NONE	None
TF	Transmission Fluid	CPS	Cathodically Protected Steel	NONE	None			
Other	Please Specify	V	Vaulted					

12. Have you prepared a SPCC (Spill) Plan? Yes No If no, describe your spill response procedures and spill control and containment materials maintained at your site. _____

13. Does diking capacity contain the volume of the largest single tank? Yes No

14. Are any inactive or out-of-service aboveground storage tanks? Yes No

15. Do any plans exist to remove, abandon or replace any tanks at this location within the next 12 months? Yes No

FOR ENVIROMENTAL IMPAIRMENT LIABILITY COVERAGE

16. Provide a brief description of adjacent properties:

North: _____

South: _____

East: _____

West: _____

17. Provide a brief description of chemicals used at this address:

Chemicals are not stored at this location.

Description of Material	Quantity at any one time	Method of storage	Method of Disposal

18. Provide a description of the Hazardous Waste generated from this locations. Hazardous wastes are not generated from this location.

Waste Type (RCRA #)	Quantity/ Year	Treatment Method	Disposal Method	Total Quantity Stored Onsite	Date Disposal Started

19. Are you now disposing or have you ever disposed of any materials at this location? Yes No

20. Does any pesticide spraying occur at this location? Yes No

END OF LOCATION SPECIFIC INFORMATION SECTION

FRAUD WARNINGS

GENERAL FRAUD WARNING FOR ALL APPLICANTS: Any person who knowingly and with intent to defraud any 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 in many states.

NOTICE TO ARKANSAS, LOUISIANA, MARYLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 DELAWARE, IDAHO AND INDIANA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 ALASKA APPLICANTS: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law. A lack of the statement on a claim form does not constitute a defense to prosecution under this title.

NOTICE TO ARIZONA APPLICANTS: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

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 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in section 638:20.

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 any 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 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 OREGON 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 MAY BE 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 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 such person to criminal and civil penalties.

The applicant represents that the above statements and facts are true, that the information provided is accurate, and that no material facts have been suppressed or misstated. All written statements and materials furnished in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. Completion of this application form does not bind coverage. Applicant's acceptance of the insurance company's quotation is required prior to binding coverage and policy issuance. The individual signing below represents that the answers provided herein are based on personal knowledge or a reasonable inquiry and/or investigation.

Signature: _____ Title: _____

Name: _____ Date: _____

(Please print)