TankAssure® Quoting Tool Process Document
Enrollment Instructions

1. Visit TankAssure.GAIG.com and click **"Register"** in the upper righthand corner.

2. Start the enrollment process by inputting your information including name, brokerage, mobile phone number and email address.

3. Once completed, click **"Submit"**.

4. After clicking **"Submit,"** you will receive a verification code via text to the mobile number provided when setting up your account. Enter this code on the screen that pops up on your computer.

5. After entering the verification code, you will receive a notification that your enrollment is being processed by our team.

6. After completion of our verification process, you will receive an enrollment email with instructions for setting up your username and password.

7. After setting up your account, you will have access to TankAssure.GAIG.com!

Quote Submission Instructions

1. Navigate to the TankAssure log-in screen.

2. Input your email address and password and complete the two-factor authentication (a code will be texted to the mobile phone number provided when setting up your account.)

3. Once completed, you will have access to the TankAssure Home Page.

   - *On this page you will see any submissions that are incomplete or pending binding, along with a list of your bound accounts!*

4. If you wish to fill out a new submission, select the navy blue button under **"Get A Quote!"** in the top left corner of the home screen.

5. On page one of the application, you will proceed by entering the client's company name, owner's first and last name, phone number, email address, physical address and requested effective date.

- Before proceeding you will need to confirm that the submission is not for an individual. *(Great American Insurance Group does not offer personal lines coverage.)*

6. On page two of the application, you will first select the limits of coverage followed by confirming if defense expenses are needed or not.

7. Next, you will add the locations by selecting the site use and inputting the address for the site at which the tank is located.

8. Following that, ASTs can be added by selecting **"Add above ground storage tank"**.
   - To add, you will input the related tank information and select the tank specific deductible and retroactive date.

9. Then USTs can be added below that by selecting **"Add underground storage tank"**.
   - You will proceed similarly to the ASTs by inputting the tank specific information and selecting the tank specific retroactive date and deductible.

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10. On page three of the application, you will proceed by answering the underwriting questions.

Application for Storage Tank Policy Page 3

Directions: Please answer each of the following questions as it applies to all storage tanks for which this application is being made.

Items with the red asterisk (*) must be completed in order to proceed

1. Is the prospective insured the owner or operator of all storage tanks for which this application for insurance is being made? *
   ● Yes ○ No

2. Are all storage tanks for which this application of insurance is being made registered? *
   ● Yes ○ No

3. Are all storage tanks for which this application of insurance is being made in compliance with all local, state and federal regulations, statutes and standards? *
   ● Yes ○ No

4. Will any of the storage tanks for which this application for insurance is being made be removed, replaced, repaired, upgraded or modified in any way during the next two (2) years? *
   ○ Yes ● No

5. Have any storage tanks been removed, closed in place or otherwise taken out of service at any of the locations listed above? *
   ○ Yes ● No

6. Are there any plans to sell any storage tank location for which this application for insurance is being made? *
   ○ Yes ● No

7. Have there been, or are there any fines, penalties or legal actions currently pending against the prospective insured, including Municipal, Federal or any other compliance order, associated with any storage tank listed above? *
   ○ Yes ● No

8. Have there been or are there any spills, leaks or releases associated with any storage tank listed above? *
   ○ Yes ● No

9. Within the last five (5) years, have any of the prospective insureds been the subject of any proceeding related to bankruptcy, receivership, and/or insolvency? *
   ○ Yes ● No

10. Do any of the prospective insureds intend to commence or know of any plan or threat to commence any proceeding relating to bankruptcy, receivership and/or insolvency? *
    ○ Yes ● No

11. As of today, is the prospective insured aware of any circumstances which could give rise to a pollution incident with regard to any storage tank for which this application for insurance is being made? *
    ○ Yes ● No

12. Have any claims been made or legal actions (including regulatory actions) been brought against any prospective insureds with regard to any storage tank for which this application for insurance is being made? *
    ○ Yes ● No

13. Within the last five (5) years, have any of the prospective insureds been involved in any pollution incidents associated with the locations listed above? *
    ○ Yes ● No

14. At the time of signing this application, are the prospective insureds aware of any circumstances that may reasonably be expected to give rise to a claim against any insured or otherwise generate a request for coverage under this Policy? *
    ○ Yes ● No

Additional Endorsement Questions

Please answer or complete each of the following questions as it applies to your request for coverage.

1. Is a certificate to demonstrate financial assurance needed? *
   Defense Expense Limits must be selected as yes in order to obtain a certificate of insurance.
   Please Note: Certificates cannot be issued for tanks located in Tennessee.
   ● Yes ○ No

2. Enter your additional named insureds below.
   [Add Additional **Named** Insured]

3. Enter your additional insureds below.
   [Add Additional Insured]

4. Enter your notice of cancellation to a third party entities and addresses below.
   [Add Entity]

5. Would you like Terrorism coverage? *
   [Elect or Decline Terrorism Insurance Coverage]
   Elected

Warranty, Authorized Signature, and Continuing Duty to Update

The undersigned is an authorized representative of the prospective First Named Insured, and acknowledges that the information provided with the Application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to Great American and made a part of this application:

1. Will be relied upon by Great American Insurance Companies in determining the acceptability of the prospective insureds and the premium amount to be charged;
2. Are true, accurate and complete; and
3. Will be considered an integral part of any resultant insurance contract.

The undersigned further agrees that the prospective Named Insured(s) has a continuing duty, through date of policy inception, to update this Application, including all supplements, attachments and replies to underwriter inquiries.

Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required before the applicant may be bound and a policy issued.

Insurance Fraud Warning Statement

This Statement is provided to you with the insurance application or claim form that you are filing. READ the applicable Fraud Warning Statement for the state in which your claim or application is being made before executing and submitting the attached document to the Insurer or your agent.

| Pennsylvania 18 Pa.C.S. § 4117 | 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. |
| Pennsylvania 75 Pa.C.S. § 1822 | Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to $15,000. |

Sign

Please enter the signature information for the authorized agent submitting this application. By inputting your information in this signature section you are consenting to an e-signature to complete this application.

Name: *
[   ]

Title: *
[   ]

Sign (type your name): *
[   ]

[Previous] [Submit My Application]

11. Following the underwriting questions, you will have the options to:

- Mark if a certificate of financial responsibility is needed
- Add additional named insureds or additional insureds
- Add any needed third-party entities for notice of cancellation
- Elect or decline TRIA

12. Once you reach the end of the application, you will enter your personal information - name, title and e-signature.

- To submit, click **"Submit My Application"** on the bottom right.

13. Once the application is submitted, you will be able to immediately generate the quote by clicking **"View Quote"** on the final screen!

- Your quote can also be accessed from the **Home Page** by choosing **"View Quote"** in the submission line item.

14. To bind the quote, you will go to the Home Page and click **"Bind Quote"** on the line item for the submission. To finalize the bind order, input your name, title and e-signature and then click **"Bind"** in the bottom corner.

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15. Once this is completed, you will be able to immediately download the PDF copy of the policy using the **"Download Your Policy"** button!

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16. A copy of the policy PDF will also be sent directly to your email address used for enrollment. In addition, you will receive copies of our claims letter, claims notification form and marketing materials for our emergency response services, Response & React program.
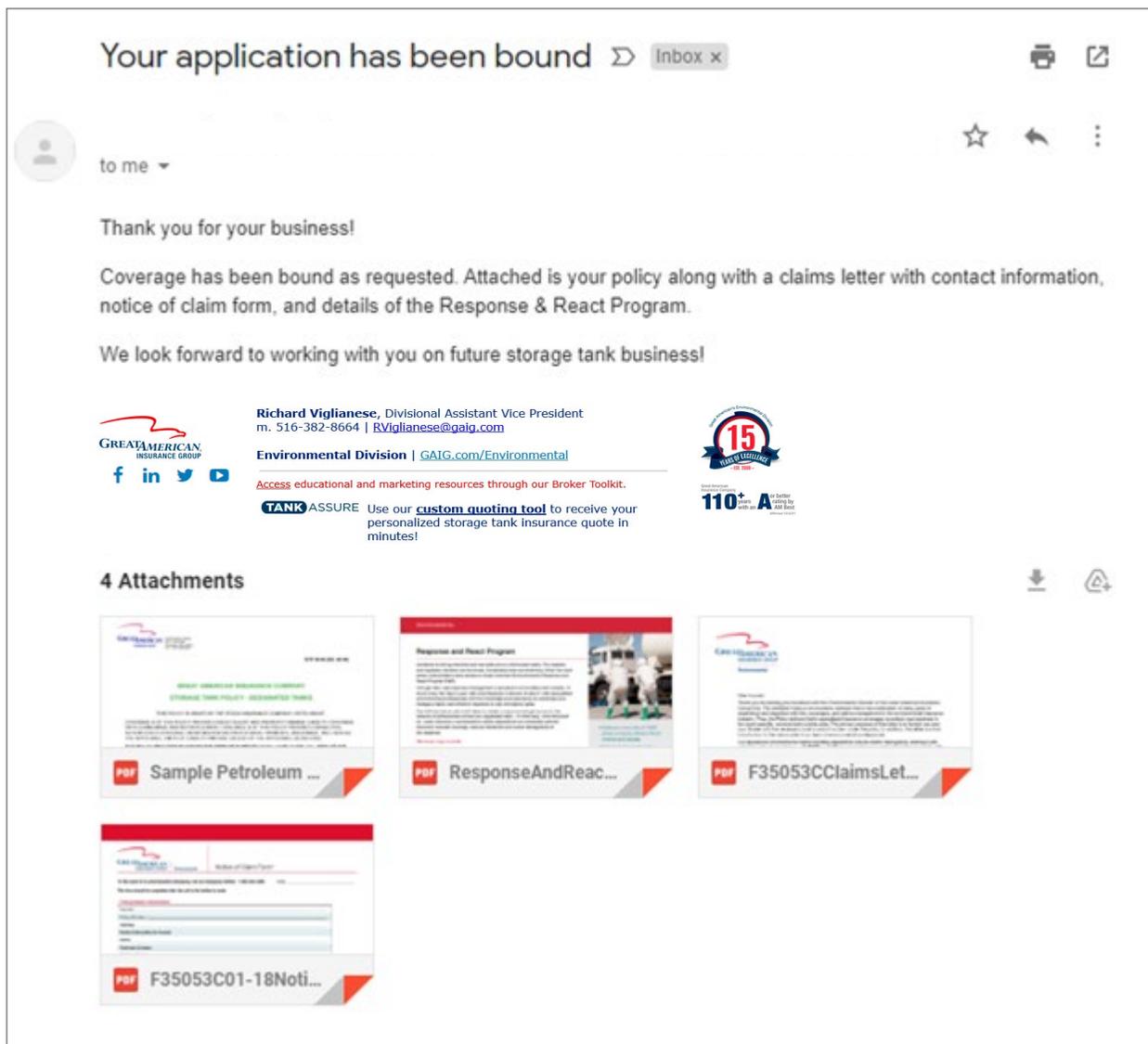
Helpful Hints

- If your submission has the opportunity for wider coverage considerations, an underwriter from the Great American Environmental team will contact you to provide your quote directly.

- As you add or remove coverage enhancements or change policy details, your quoted premium will update in the bottom right corner of the quote application!

- For any additional questions, please contact us at TankAssureSubmissions@GAIG.com.

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