

# TankAssure<sup>®</sup> 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”**.



- 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.

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

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

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



## Quote Submission Instructions

1. Navigate to the TankAssure log-in screen.

**Login**

This is the login screen for Great American's TankAssure quoting system (the "System"). Proprietary and confidential information of Great American Insurance Company and its affiliates (the "Company") is stored, transmitted, and processed by the System. To access the System you, on behalf of yourself and any organization or company you represent ("You" or "Your"), must (i) enter your User ID and Password at the login screen; (ii) have read the System terms and conditions of use ("Access Agreement"); and (iii) agree to the Access Agreement by clicking the "Login" box.

Username:

Password:

[Forgot Password?](#)

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.)

**Two Factor Login**

Please enter your security code in the space provided below.

Code:

[Resend Code](#)

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!*

**Welcome!**

**Get A Quote!**

[Click here to fill out an application today!](#)

(Note: 15% commission applies)

**Notifications**

- Application for ABC Petroleum Co. (3714RL) is approved. Bind your policy below.
- Application for ABC Petroleum Co. (BH2NCF) is Under Review.
- Application for ABC Petroleum Co. (BH2NCF) requires additional information.
- Application for ABC Petroleum Co. (BH2NCF) is Under Review.

**Help Center**

General Help:  
Phone: 484.379.3883  
Email: BVolin@GAI.G.com

Claims Help:  
Email: EnvDiv-Claims@GAI.G.com

**My Applications**

ID Number	First Name Insured	Date Started	Date Submitted	Version	Status	View Comments	Continue Application	View Quote	Bind Your Quote
BH2NCF	ABC Petroleum Co.	06/17/2021	06/17/2021	1	Under Review	Comments			
3714RL	ABC Petroleum Co.	06/17/2021	06/17/2021	1	Approved			View Quote	Bind

**My Policies**

ID Number	First Name Insured	Policy Number	Policy Period	Status	Download Your Policy	Renew Your Policy

- 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.

**Get A Quote!**  
Click here to fill out an application today!  
(Note: 15% commission applies)

**Notifications**  
Application for ABC Petroleum Co. (3714RL) is approved. Bind your policy below.  
Application for ABC Petroleum Co. (8H2NCF) is Under Review.  
Application for ABC Petroleum Co. (8H2NCF) requires additional information.  
Application for ABC Petroleum Co. (8H2NCF) is Under Review.

**Help Center**  
General Help:  
Phone: 484.379.3883  
Email: BVolin@GAIG.com  
Claims Help:  
Email: EnvDiv-Claims@GAIG.com

**My Applications**

ID Number	First Name Insured	Date Started	Date Submitted	Version	Status	View Comments	Continue Application	View Quote	Bind Your Quote
8H2NCF	ABC Petroleum Co.	06/17/2021	06/17/2021	1	Under Review	Comments			
3714RL	ABC Petroleum Co.	06/17/2021	06/17/2021	1	Approved			View Quote	Bind

**My Policies**

ID Number	First Name Insured	Policy Number	Policy Period	Status	Download Your Policy	Renew Your Policy

- 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.*)

**Application for Storage Tank Policy Page 1**

**Directions:**

- This form must be dated and signed by the authorized agent.
- Answer all required questions completely.
- Please upload any supporting documentation where necessary (location or storage tank spreadsheets, etc.). Supporting information is considered part of this application and is subject to same terms and conditions.

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

**Named Insured Information**

Customer Company: \*  
ABC Petroleum Co.

Customer First Name: \*  
John

Customer Last Name: \*  
Doe

Phone Number: \*  
123-456-7890

Company Email: \*  
ABCPetroCo@test.com

Address Line 1: \*  
397 Eagleview Blvd.

Company Address Line 2:

Company City: \*  
Exton

Company State: \*

**Submission Information**

Effective date may not be prior to today's date.

Effective Date: \*  
06/17/2021

Expiration Date: \*  
06/17/2022

you require a different policy term than a 1 year term; please check here.

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

Home Settings Logout

### Application for Storage Tank Policy Page 2

**Directions:** Please input the desired coverage limits below.  
Items with the red asterisk (\*) must be completed in order to proceed

Coverages	Insuring Agreement	Each Storage Tank Incident/Aggregate Limit *
A	Third Party Bodily Injury and Property Damage	1,000,000/2,000,000
B	Corrective Action Costs	1,000,000/2,000,000
C	Defense Expense Limits	<input checked="" type="radio"/> Yes <input type="radio"/> No

**Please Note:** Defense Expense Limits must be selected as "yes" if a financial assurance certificate is required. If defense expense limits are selected, the limits will match the limits of liability selected for Coverage A and B up to a maximum of \$2,500,000. Defense Expense Limits must be selected in the following states: KS, MT, VT, WY, and CT.

**Location Schedule**  
**Directions:** Please provide complete address for each location where coverage is being requested for a storage tank or upload an excel of all your locations. Click here to download the Location Schedule Excel template: LocationSchedule.xlsm.

Choose File

Please be sure your Excel settings are set to "Enable all macros" before pulling the spreadsheet to ensure all information uploads properly

Location Number	Site Use *	Street Address *	City *	State *	Zip Code *
1	Gas Station	397 Eagleview Blvd.	Exton	Pennsylvania	19341

**Total:**

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

Home Settings Logout

**Please Note:** Defense Expense Limits must be selected as "yes" if a financial assurance certificate is required. If defense expense limits are selected, the limits will match the limits of liability selected for Coverage A and B up to a maximum of \$2,500,000. Defense Expense Limits must be selected in the following states: KS, MT, VT, WY, and CT.

**Location Schedule**  
**Directions:** Please provide complete address for each location where coverage is being requested for a storage tank or upload an excel of all your locations. Click here to download the Location Schedule Excel template: LocationSchedule.xlsm.

Choose File

Please be sure your Excel settings are set to "Enable all macros" before pulling the spreadsheet to ensure all information uploads properly

Location Number	Site Use *	Street Address *	City *	State *	Zip Code *
1	Gas Station	397 Eagleview Blvd.	Exton	Pennsylvania	19341

**Aboveground Storage Tank Schedule**  
**Directions:** Please complete table below for each aboveground storage tank which is being requested for coverage. Click here to download the Aboveground Storage Tank Schedule Excel template: AboveGroundStorageTankSchedule.xlsm.

Choose File

Please be sure your Excel settings are set to "Enable all macros" before pulling the spreadsheet to ensure all information uploads properly

Location *	Tank Age (years) *	Construction *	Capacity (gallons) *	Contents *	Leak Detection *	Secondary Containment *	Retroactive Date on Existing Policy *	Deductible *	Clone	Del
397 Eagleview Blvd.	5	Fiberglass	2000	Diesel	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	06/17/2021	10,000	<input type="button" value="Clone"/>	<input type="button" value="Del"/>
397 Eagleview Blvd.	6	Fiberglass	2000	Gasoline	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	06/17/2020	15,000	<input type="button" value="Clone"/>	<input type="button" value="Del"/>

**Total:**

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.

[Home](#) [Settings](#) [Logout](#)

Location Number	Site Use *	Street Address *	City *	State *	Zip Code *
1	Gas Station	397 Eagleview Blvd.	Exton	Pennsylvania	19341

[Add Location](#)

**Aboveground Storage Tank Schedule**

**Directions:** Please complete table below for each aboveground storage tank which is being requested for coverage. Click here to download the Aboveground Storage Tank Schedule Excel template: [AboveGroundStorageTankSchedule.xlsx](#).

Choose File

Please be sure your Excel settings are set to "Enable all macros" before pulling the spreadsheet to ensure all information uploads properly.

Location *	Tank Age (years) *	Construction *	Capacity (gallons) *	Contents *	Leak Detection *	Secondary Containment *	Retroactive Date on Existing Policy † *	Deductible *	Clone	Del
397 Eagleview Blvd.	5	Fiberglass	2000	Diesel	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	06/17/2021	10,000	<input type="button" value="Clone"/>	<input type="button" value="Del"/>
397 Eagleview Blvd.	6	Fiberglass	2000	Gasoline	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	06/17/2020	15,000	<input type="button" value="Clone"/>	<input type="button" value="Del"/>

† Use inception date for proposed policy if no prior coverage or if retroactive date was not applicable on the prior policy.

[Add Aboveground Storage Tank](#)

**Underground Storage Tank Schedule**

**Directions:** Please complete table below for each underground storage tank which is being requested for coverage. Click here to download the Underground Storage Tank Schedule Excel template: [UndergroundStorageTankSchedule.xlsx](#).

Choose File

Please be sure your Excel settings are set to "Enable all macros" before pulling the spreadsheet to ensure all information uploads properly.

**Total:**

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.

[Home](#) [Settings](#) [Logout](#)

Location *	Tank Age (years) *	Construction *	Capacity (gallons) *	Contents *	Leak Detection *	Secondary Containment *	Retroactive Date on Existing Policy † *	Deductible *	Clone	Del
397 Eagleview Blvd.	5	Fiberglass	2000	Diesel	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	06/17/2021	10,000	<input type="button" value="Clone"/>	<input type="button" value="Del"/>
397 Eagleview Blvd.	6	Fiberglass	2000	Gasoline	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	06/17/2020	15,000	<input type="button" value="Clone"/>	<input type="button" value="Del"/>

† Use inception date for proposed policy if no prior coverage or if retroactive date was not applicable on the prior policy.

[Add Aboveground Storage Tank](#)

**Underground Storage Tank Schedule**

**Directions:** Please complete table below for each underground storage tank which is being requested for coverage. Click here to download the Underground Storage Tank Schedule Excel template: [UndergroundStorageTankSchedule.xlsx](#).

Choose File

Please be sure your Excel settings are set to "Enable all macros" before pulling the spreadsheet to ensure all information uploads properly.

Location *	Tank Age (years) *	Construction *	Capacity (gallons) *	Contents *	Type of Leak Detection *	Retroactive Date on Existing Policy † *	Deductible *	Tank Tightness Test Passed within last 12 months *	Line Construction *	Pipe Age *	Leak Detect *	Clone	Del
397 Eagleview Blvd.	8	Double-walled	8000	Diesel	Automatic Tank	06/17/2021	10,000	<input checked="" type="radio"/> Yes <input type="radio"/> No	Double-walled	12	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="button" value="Clone"/>	<input type="button" value="Del"/>
397 Eagleview Blvd.	9	Double-walled	8000	Diesel	Automatic Tank	06/17/2020	15,000	<input checked="" type="radio"/> Yes <input type="radio"/> No	Double-walled	12	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="button" value="Clone"/>	<input type="button" value="Del"/>

† Use inception date for proposed policy if no prior coverage or if retroactive date was not applicable on the prior policy.

[Add Underground Storage Tank](#)

**Total:**

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 yet 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.
3. Enter your additional insureds below.
4. Enter your notice of cancellation to a third party entities and addresses below.
5. Would you like Terrorism coverage? \*

Elect:

**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): \*

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

[Home](#) [Settings](#) [Logout](#)

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.

**Total:**

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.

[Home](#) [Settings](#) [Logout](#)

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): \*

*John Doe*

[Previous](#) [Submit My Application](#)

**Total:**

- 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.

- 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.

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

Home Settings Logout

**Bind Storage Tank Policy**

Congratulations! Your policy has been bound! A copy of the policy has been emailed to the agent of record. You may also access the policy by clicking “Download Your Policy” below. To navigate back to the homepage to enter another submission, please click the “Back to Homepage” button.

Back To Homepage
Download Your Policy

File Edit View Sign Window Help

Home Tools ABC Petroleum Co. ... ABC Petroleum Co. ... x

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Administrative Offices  
301 E. 4th Street  
Cincinnati, Ohio 45202  
Tel: 1-613-369-6000

**STP 30 00 (Ed. 09 20)**

**GREAT AMERICAN INSURANCE COMPANY**  
**STORAGE TANK POLICY - DESIGNATED TANKS**

THIS POLICY IS ISSUED BY THE STOCK INSURANCE COMPANY LISTED ABOVE.

COVERAGE A OF THIS POLICY PROVIDES BODILY INJURY AND PROPERTY DAMAGE LIABILITY COVERAGE ON A CLAIMS-MADE AND REPORTED BASIS. COVERAGE B OF THIS POLICY PROVIDES CORRECTIVE ACTION COSTS COVERAGE ON AN INCIDENT-REPORTED BASIS. PAYMENTS, WHEN MADE, WILL REDUCE THE APPLICABLE LIMITS OF LIABILITY AND ARE EXCESS OF THE APPLICABLE DEDUCTIBLE.

THIS POLICY PROVIDES PAYMENTS FOR DEFENSE EXPENSE WHICH, WHEN MADE, WILL REDUCE THE APPLICABLE LIMITS OF LIABILITY FOR DEFENSE EXPENSE SET FORTH IN THE DECLARATIONS AND ARE EXCESS OF THE APPLICABLE DEDUCTIBLE.

VARIOUS PROVISIONS IN THIS POLICY RESTRICT COVERAGE. READ THE ENTIRE POLICY CAREFULLY TO DETERMINE YOUR RIGHTS, DUTIES AND WHAT IS AND IS NOT COVERED.

Policy Number: STP XXXXXXXX XX

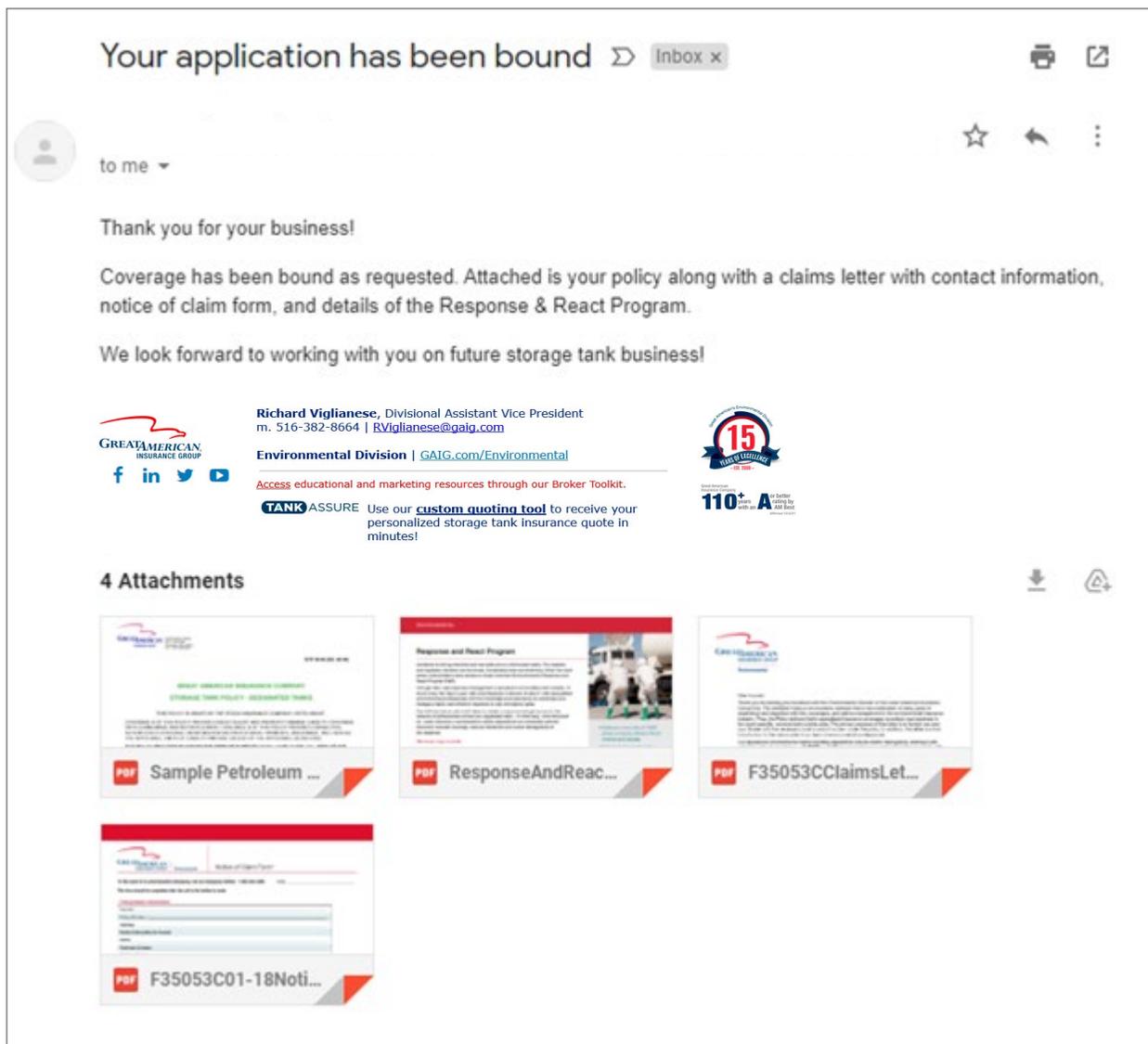
Renewal Of:

Customer Number:XXXXXXXXXX

1. First Named Insured: ABC Petroleum Co.  
Street Address: 397 Eagleview Blvd.  
City/State/Zip: Exton, PA, 19341
2. Policy Period: From: 6/17/2021 To: 6/17/2022  
(12:01 A.M. standard time at the mailing address shown in Item 1. above)
3. Coverages and Coverage Section Limits of Liability and Deductible:  
If no Limits appear for a Coverage Section shown below, this Policy does not apply for that Coverage Section.

Coverage	Each Storage Tank Incident Limit	Coverage Aggregate Limit	Deductible
A. Bodily Injury and Property Damage Liability			(s) Schedule
B. Corrective Action Costs			(s) Schedule
C. Defense Expenses	\$1,000,000	\$2,000,000	See Insured Tank(s) Schedule

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](mailto:TankAssureSubmissions@GAIG.com).