



Main Office
397 Eagleview Blvd.
Suite 100
Exton, PA 19341

Application for Claims-Made Storage Tank Policy

Named Insured _____

Instructions:

- Answer all questions completely. If any questions do not apply, please state N/A in the space provided.
- Please provide supporting information on a separate sheet and reference the applicable question number. Any supporting information is considered part of this application and is subject to the same terms and conditions.

Required Attachments:

- Storage Tank Schedule
- Please provide copies of your last three (3) years of Pollution Liability loss history.
- Please provide copies of the most recent tank tightness test results and any relevant property inspection reports.
- Please provide a copy of your Maintenance Plan.
- Please provide a copy of your financials.

Policy No. (if renewal)

Effective Date _____	Expiration Date _____
Named Insured's Mailing Address _____	
City _____	State _____ Zip _____
Phone _____	
Description of Operations _____	
State of Operation _____ Years Owning/Operator _____	

Questions

	Yes	No
1. Does the insured operate any unregistered tanks?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there, or have there been, any hazardous, toxic regulated substances stored at any site for which application for insurance is being made other than: Gasoline, Diesel Fuel, Motor Oil, or Kerosene?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the insured have more than 2 years of owning or operating UST?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have there been, or are there any fines, penalties, legal, or regulatory actions against the insured, including state, federal or any other compliance order?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the tanks that will be listed in this application in compliance with regulations?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has any officer, owner, or partner of any insured been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
7. As of today, is the insured aware of any circumstances which could give rise to a pollution incident with regard to any site for which application for insurance is being made?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the insured had any insurance for third-party pollution liability declined, cancelled or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the insured have any tank(s) that were not previously insured, excluding newly installed tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>

Questions Continued

	Yes	No
10. Are there, or will there be, any tank(s) in which the insured will not be the owner or operator?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will you repair, replace, recondition, reconstruct, remove, or upgrade any tank during the policy period?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has any tank been reconditioned or upgraded?	<input type="checkbox"/>	<input type="checkbox"/>
13. Any open or closed remediation cases or reported spills/releases?	<input type="checkbox"/>	<input type="checkbox"/>
14. Any tanks enrolled in state financial assurance fund or tank fund, or any current reimbursements?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all tanks in compliance in current state/ federal requirements?	<input type="checkbox"/>	<input type="checkbox"/>
16. How are tanks operated and maintained (e.g. – some owners/operators use a third party to monitor their tanks and report)	<input type="checkbox"/>	<input type="checkbox"/>
17. Recent tank/line tests	<input type="checkbox"/>	<input type="checkbox"/>

Date	Type of Test	Description of Tank Maintenance Procedures

18. Does the insured have a spill prevention plan in place?	<input type="checkbox"/>	<input type="checkbox"/>
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Additional Comments

Limits Of Insurance**Third-Party Bodily Injury and Property Damage Liability**

\$ _____ Storage Tank Incident \$ _____ Annual Aggregate

Corrective Action Costs

\$ _____ Storage Tank Incident \$ _____ Annual Aggregate

Defense Expense

\$ _____ Storage Tank Incident \$ _____ Annual Aggregate

Location Schedule

Location #	Location Address	Location Description (include SIC code)

Loss History
☐ Check if none

(Attach Loss Summary for Additional Loss Information)
Tank Schedule

Location # ¹	AST/UST	Type ²	Const ³	Tank(s) Install Year	Capacity	Product ⁴	Leak Detect ⁵	Spill Contain ⁶	Line Const ⁷	Pipe(s) Year Install	Leak Detect

Terms

- Corrolates with the location number specified on page 2 of this application.
- Type: In Use (IU), Temporarily Out of Use (TOU), or Permanently Out of Use (POU).
- Tank Construction: Steel with Cathodic Protection (SCP), Fiberglass (FBGL), Steel with Cathodic Protection and Wrap (SCP+), Composite/Steel w/Fiberglass/Steel with Nonmetallic Jacket (SNCM), or Other (O).
- Product: Unleaded (UNL), Super Unleaded (SUNL), Midgrade (MG), Diesel (DSL), or Other (O).
- Leak Detection: Interstitial Monitoring (IM), Automatic Tank Gauging (ATG), Vapor Monitoring (VM), Groundwater Monitoring (GM), Statistical Inventory Reconciliation (SIR) or Other (O).
- Spill Containment: Yes (Y) or No (N).
- Piping Construction: Steel with Cathodic Protection (SCP), Reinforced Fiberglass (RF), or Other (O).

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 Insurance Company and its affiliates and made a part of this application:

- Will be relied upon by Great American Insurance Company and its affiliates in determining the acceptability of the prospective Insureds and the premium amount to be charged;
- Are true, accurate and complete; and
- 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.

It is acknowledged by the applicant that this Application is considered part of the Application for Environmental Insurance and is subject to the same terms and conditions.

Applicant's Initials _____

Date _____

Warning By State

Alaska	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.
Arkansas, Louisiana, Maryland, Rhode Island, West Virginia	Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or (who)* knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.
Arizona	Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
New Mexico	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.
California	Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
District of Columbia	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.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	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.
Minnesota	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
New Hampshire	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 RSA638:20.
New Jersey	Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
New York	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.
Ohio	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.
Oklahoma	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.

Warning By State Continued

Pennsylvania	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.
Maine, Tennessee, Virginia, Washington	<p>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 and denial of insurance benefits.</p> <p>*Applies in ME Only.</p>
Texas	Any person who knowingly presents a 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.