



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

Renewal Application for Claims-Made Storage Tank Policy-Canada

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 *(If any changes from prior term)*
- Please provide copies of the most recent tank tightness test results and any relevant property inspection reports.
- Please provide a copy of your financials.

Policy No. *(if renewal)*

Effective Date _____	Expiration Date _____	
Named Insured's Mailing Address _____		
City _____	Province _____	Postal Code _____
Phone _____		

Questions

	Yes	No
1. Is there any change in the number of tanks or contents stored?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have there been, or are there any fines, penalties, legal, or regulatory actions against the insured, including province, federal, or any other compliance order?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any officer, owner, or partner of any insured been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
5. Have the insured had any insurance for third-party pollution liability declined, cancelled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the insured have any tank(s) that were not previously insured, excluding newly installed tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>
7. 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"/>
8. Will you repair, replace, recondition, reconstruct, remove, or upgrade any tank during the policy period?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has any tank been reconditioned or upgraded?	<input type="checkbox"/>	<input type="checkbox"/>
10. Any open or closed remediation cases or reported spills/releases?	<input type="checkbox"/>	<input type="checkbox"/>
11. Any tanks enrolled in the province financial assurance fund or tank fund, or any current reimbursements?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are all tanks in compliance in current province/ federal requirements?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is there any change to how tanks are operated and maintained? <i>(e.g. – some owners/operators use a third-party to monitor their tanks and report)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Questions Continued

Yes

No

14. Recent tank/line tests

☐☐

Date

Type of Test

Description of Tank Maintenance Procedures

Limits Of Insurance (If seeking change in current limits)

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 (if any changes)

Location #

Location Address

Location Description (include SIC code)

Loss History

☐ Check if none

(Attach Loss Summary for Additional Loss Information)

Tank Schedule (If any changes)

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 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.

The document was issued or made by the Company in the course of its insurance business in Canada.

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 _____