ARGO ENVIRONMENTAL

STORAGE TANK POLLUTION LIABILITY INSURANCE APPLICATION

IMPORTANT NOTICE

THIS IS AN APPLICATION FOR A POLICY THAT IS WRITTEN ON A CLAIMS-MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. CLAIMS MUST BE REPORTED TO THE INSURER IN ACCORDANCE WITH THE REPORTING PROVISIONS OF THE POLICY. THE LIMITS OF LIABILITY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE PROVIDED WITH YOUR INSURANCE AGENT OR BROKER.

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER ***COLONY INSURANCE COMPANY*** OR ***COLONY SPECIALTY INSURANCE COMPANY*** AN AUTHORIZED SURPLUS LINES INSURER.

APPLICANT INFORMATION

Contact Person:

1st Named Insured:		Name:	
Mailing Address:		Title:	
City / State / Zip:		Phone:	
County:			

Company is an: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other (describe): _____

Year Established: _____ Website: _____ Date of Application: _____

Indicate named insured's business interest in this facility: ☐ Owns/Operates the business ☐ Owns the land ☐ Owns the building(s) ☐ Owns the tank(s) ☐ Other:_____

1. Who is your current pollution carrier? _____

Expiration Date: _____ Premium: _____ Retroactive Date: _____

Expiring Policy Number: _____ (Please attach a copy of the expiring policy.)

2. Limits requested: ☐ $25,000/$25,000 ☐ $50,000/$50,000 ☐ $500,000/$500,000 ☐ $1/$1 million ☐ $1/$2 million

Other: _____

3. Deductible requested: ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ Other: _____

4. To the best of your knowledge, has any location for which you are applying for coverage ever had a leak, spill, release or discharge of petroleum products? ☐ Yes ☐ No
If "Yes," please attach an explanation.

5. Have you ever received a notice of regulatory violations, or sustained any pollution-related claim, liability lawsuits or complaints from neighbors? ☐ Yes ☐ No
If "Yes," please attach an explanation.

6. Is any location for which you are applying for coverage currently undergoing corrective action or monitoring? ☐ Yes ☐ No
If "Yes," please attach an explanation.

7. At the time of signing this application, are you aware of any circumstances which may reasonably be expected to give rise to a claim under this policy? ☐ Yes ☐ No
If "Yes," please attach an explanation.

8. To the best of your knowledge, are you in compliance with all federal, state, and local safety, health and environmental regulations? ☐ Yes ☐ No
If "No," please attach an explanation.

FACILITY INFORMATION

Loc. # ___ of ___

Complete this section for each facility.

Facility Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ County: _____

Name registered with the state (if different): _____

State facility identification/registration number: _____

Additional Insured(s):

Name	Address	Business Interest in Facility

1. Please indicate the business use of this facility:

☐ Convenience Store ☐ Lube/oil service ☐ Service Station ☐ Cardlock

☐ Marina - Proximity to waterway: _____

☐ Own fuel consumption - Describe business: _____

2. Please describe the operation on the property immediately adjacent to yours:

North		East	
South		West	

3. Do you have any plans to remove, replace, upgrade or modify the tanks, lines or dispensers at this facility? ☐ Yes ☐ No
If Yes, please attach an explanation

4. Are any storage tanks at this facility inactive, temporarily closed, out of service or not in use? ☐ Yes ☐ No
If Yes, attach a diagram identifying the tank(s), how long inactive and any plans to return to active service.

5. Is inventory control performed daily? ☐ Yes ☐ No

Are all monthly inventory variances within allowable ranges? ☐ Yes ☐ No

6. Please provide details on most recent tank and line test performed:

☐ Periodic precision tank testing

Test method: _____ Date of last tank test: _____

☐ Annual tightness testing of product lines - Date of last line test: _____

☐ Annual inspection of line leak detectors - Date of last inspection: _____

☐ Cathodic protection test - Date of last test: _____

7. Are the dispenser areas and/or loading racks clean and free of spillage from routine operations? ☐ Yes ☐ No

Do you periodically check under the dispensers for signs of leakage? ☐ Yes ☐ No

If "Yes," how often? _____

Are the dispensers equipped with sumps? ☐ Yes ☐ No

8. Is there any indication that your tanks, lines or dispensers are leaking or may be leaking? ☐ Yes ☐ No

If "Yes," please explain: _____

UNDERGROUND STORAGE TANK SCHEDULE Loc. # ___ of ___

Include all underground tanks located at this facility. Attach additional schedules as needed.

	1	2	3	4	5
Year of original installation:					
Capacity (gallons):					
Currently in use?	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Tanks are: Single Wall (SW) or Double Wall (DW)*					
Contents:					
Tank Construction Code: (Refer to code descriptions below)					
For IL or IC tanks, when was this work completed? (Mo/Yr)					
Tank Leak Detection Method (Monthly Monitoring): (Refer to code descriptions below)					
Equipped with spill catchment basin and overfill prevention device?	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Year piping was installed:					
Piping is: Single Wall (SW) or Double Wall (DW)*					
Piping Construction Code: (Refer to code descriptions below)					
Pressurized (PRS) or Suction (SUC) lines?					
If pressurized (PRS), are line leak detectors installed?	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

* DW tanks and piping have an annular space between the tank or piping walls.

Construction Codes:

- FRP = Fiberglass (e.g., Owens-Corning)
- CPS = Steel tank with cathodic protection – NOT retrofit (e.g., STI-P3)
- FCS = Steel clad with or enclosed (jacketed) in fiberglass (e.g., Act-100)
- FLX = Flexible piping
- IL = Steel tank retrofitted with interior lining
- IC = Steel tank retrofitted with cathodic protection (impressed current)

Tank Leak Detection Methods (Monthly Monitoring):

- ATG = Automatic tank gauging/monitoring with monthly leak test
- IM = Interstitial monitoring (double walled system) - electronic sensor or monthly inspection of annular space
- VM = Vapor monitoring wells used to look for vapors in soil. Indicate number of wells.
- GWM = Ground water monitoring wells used to detect liquid product floating in water. Indicate: Number of wells; Frequency of sampling; Any petroleum detected (Y/N)
- SIR = Statistical inventory reconciliation of data sent to an outside vendor for analysis every 30 days
- IC/TTT = Inventory control with tank tightness testing every 5 years. Daily "stick" measurements recorded and reconciled monthly. ONLY VALID FOR 10 YEARS AFTER INSTALLATION OF TANK.
- Manual = Manual tank gauging alone may only be used for tanks 1000 gallons or less capacity
- Manual w/ Tightness Test = Manual tank gauging with tank tightness testing every 5 years may only be used for tanks 2000 gallons or less capacity. ONLY VALID FOR 10 YEARS AFTER INSTALLATION.

ABOVE GROUND STORAGE TANK SCHEDULE Loc. # ___ of ___

Include all above ground storage tanks located at this facility. Attach additional schedules as needed.

	1	2	3	4	5
Year of original installation:					
Capacity (gallons):					
Currently in use?	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Single Wall (SW) or Double Wall (DW)					
Tank Construction Code: (Refer to code descriptions below)					
Contents:					
Is secondary containment used (diking)?	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
If Yes, indicate type of secondary containment (diking) used: (Refer to code descriptions below)					
Tank Leak Detection Method (Monthly Monitoring): (Refer to code descriptions below)					
Date of any tank retrofit, repair, lining or upgrade (describe):					
Tank pad material (e.g., concrete, stone/gravel, bare earth, etc.):					
Year piping was installed:					
Piping Construction Code: (Refer to code descriptions below)					
Is piping underground?	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
If Yes, length underground?					

Construction Codes

- FRP = Fiberglass (e.g., Owens-Corning)
- CPS = Steel tank with cathodic protection – NOT retrofit (e.g., STI-P3)
- FCS = Steel clad with or enclosed (jacketed) in fiberglass (e.g., Act-100)
- FLX = Flexible piping
- IL = Steel tank retrofitted with interior lining
- IC = Steel tank retrofitted with cathodic protection (impressed current)
- BS = Bare Steel

Secondary Containment (Diking) Codes

- A = Poured Concrete
- B = Earthen berm with liner
- C = Earthen berm without liner
- D = Other - Describe

Tank Leak Detection Methods (Monthly Monitoring)

- ATG = Automatic tank gauging/monitoring with monthly leak test
- IM = Interstitial monitoring (double walled system) - electronic sensor or monthly inspection of annular space
- VM = Vapor monitoring wells used to look for vapors in soil. Indicate number of wells.
- GWM = Ground water monitoring wells used to detect liquid product floating in water. Indicate: Number of wells; Frequency of sampling; Any petroleum detected (Y/N)
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UNDERGROUND STORAGE TANK TESTING REQUIREMENTS

Newly Installed Tanks	1990's to 2000's Tanks	1980's Tanks	1970's Tanks	1960's and prior Tanks
Completed tank application (signed & dated)	Completed tank application (signed & dated)	Completed tank application (signed & dated)	Completed tank application (signed & dated)	Completed tank application (signed & dated)
Tank tightness (done after installation)		Last 2 months monthly monitoring reports	Last 2 months monthly monitoring reports	Last 2 months monthly monitoring reports
Line tightness test (done after installation)		Most recent cathodic protection test (if Cps of IC tank construction)	Most recent cathodic protection test (if Cps of IC tank construction)	Most recent cathodic protection test (if Cps of IC tank construction)
			Tank tightness test (must be within past 12 months)	Tank tightness test (must be within past 6 months)
			Line tightness test (must be within past 12 months)	Line tightness test (must be within past 6 months)

**monthly monitoring will be requested on any risk where the leak detection method is left off the application, regardless of tank age.

FRAUD WARNING
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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE FRAUD WARNING.
I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

SIGN AND DATE

APPLICANT'S PRINTED NAME	TITLE
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE