



# STORAGE TANK LIABILITY RENEWAL APPLICATION

PLEASE EMAIL COMPLETED AND SIGNED FORM TO YOUR AXON UNDERWRITER OR: [tank@axonu.com](mailto:tank@axonu.com)

## INSTRUCTIONS:

- Please print or type clearly.
- All questions must be answered. Please contact your agent if assistance is required.
- If any questions do not apply, print or type "N/A" in the space provided.
- This application must be signed and dated by an authorized Owner, Principal, Partner, Director, or Risk Manager of the Insured.
- If additional space is needed to answer the question, please attach details on a separate sheet using the Insured's letterhead.
- For underground storage tanks, a copy of your State tank permit and most recent State inspection is required.

This application is not an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, please attach details on a separate sheet of paper.

## APPLICANT INFORMATION

Applicant Name:

Insured Name (if different from above):

Street Address (Please do not provide a P.O. Box):

City: State: Zip Code:

Name of Contact: Title:

Telephone: Fax:

EPA Identification Number/Facility Registration Number (if applicable):

Insured's Principal Business Operation:

Entity Type:

**CLAIMS/COMPLIANCE HISTORY** If additional space is needed to answer a question on the page below, please attach additional sheets and reference the question number.

1. Have any claims been made previously against the Applicant or reported under any Storage Tank Policies?	Yes	No
2. Is the applicant aware of any incident, fact, circumstance, or situation including any act, error, or omission that may result in a claim being made against it or any other person or entity for whom coverage is sought? If "Yes," please provide full details.	Yes	No
3. Has the Applicant had any release, spills, or leaks of regulated substances, hazardous waste or any other pollutants, as defined by the applicable environmental statutes or regulations?	Yes	No
4. Is the Applicant's tank monitoring/leak detection system(s) up to date, on, and in working order per state requirements?	Yes	No
5. Is the Applicant's facility in compliance with all Federal, State, and Local Regulations?	Yes	No
6. Do any plans exist to remove or replace any tanks within the next year to eighteen (18) months? If "Yes," list when the removal or replacement is to occur and why such actions are being performed.	Yes	No
7. Have there been any changes to the insured's storage tank schedule? If yes, please make changes to the Storage Tank Schedule below.	Yes	No



## STORAGE TANK SCHEDULE

(Please copy this section if necessary to include all tanks)

Location Name and Address of Tank	Tank Name	UST/ AST	Installation Date	Tank Capacity (Gallons)	Tank Constr. Materials *1	Piping Constr. Materials *1	Length of Piping	Age of Piping (If different)	Tank Contents *2	Secondary Containment *4	Leak Detection Method *3

### **\*1 TANK & PIPING CONSTRUCTION MATERIALS**

ST = Steel/metal  
 HPD = High Density Plastic  
 FG = Fiberglass  
 O = Other, please specify  
 D/W/S = Double Walled Steel  
 FG S = Fiberglass single wall  
 FG DW = Fiberglass double wall  
 STI S = STI-P3 Double Wall  
 STI DW = STI-P3 Double Wall  
 F/S = Fiberglass/plastic coated steel  
 CP/S = Cathodically Protected Steel  
 S = Bare Steel  
 TFP = Thermoplastic Flexible Piping

### **\*2 CONTENTS**

G = Regular Gasoline  
 U = Unleaded  
 A = Aviation Fuel  
 WO = Waste Oil  
 D = Diesel  
 O = Oil  
 K = Kerosene  
 OT = Other, please specify

### **\*4 SECONDARY CONTAINMENT**

EB = Earthen Berm  
 CB = Concrete Berm  
 DW = Double Wall Tank  
 O = Other, please specify

### **\*3 LEAK/INTEGRITY DETECTION**

VIS = Visual  
 RT = Radiographic Testing  
 UT = Ultrasound Testing  
 AET = Acoustic Emission Testing  
 MPT = Magnetic Particle Testing  
 PPT = Pneumatic Pressure Testing  
 LPT = Liquid Penetrant Testing  
 MTG = Manual Tank Gauging  
 HT = Hydrostatic Testing  
 ATM = Auto Tank Monitor  
 SV = Soil Vapor Well  
 IM = Interstitial Monitoring  
 GW = Groundwater Monitoring  
 OT = Other, please specify

## **Notice of Potential Premium Increases and Coverage Changes on Underground Storage Tank Policy Renewals**

The following serves as notice to the Insured that due to underwriting guidelines applicable to storage tank business, policy premiums and applicable deductibles are subject to change upon renewal of this policy. Such changes may be dictated by objective factors such as the age of a covered underground storage tank, the financial condition of the Insured, or other factors.

As this policy may be subject to a premium increase upon renewal for reasons other than an increase in coverage at the Insured's request, this notice is provided to satisfy applicable requirements to notify the Insured of such increase attached to the renewal.

### **FRAUD WARNING**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)**

**IN 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.**

**IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**IN THE STATE OF 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.**

**IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.**

**IN THE 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.**

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.**

**THIS IS CLAIMS-MADE AND REPORTED POLICY. THE POLICY REQUIRES THAT A CLAIM BE FIRST MADE UPON THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF ANY. PLEASE READ CAREFULLY.**

**THIS POLICY CONTAINS PROVISIONS WHICH LIMIT THE AMOUNT OF DEFENSE EXPENSE THE COMPANY IS RESPONSIBLE TO PAY IN CONNECTION WITH CLAIMS. DEFENSE EXPENSE SHALL BE SUBJECT TO THE LIMIT OF INSURANCE STATED IN THE DECLARATIONS. PLEASE READ CAREFULLY.**

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

**The application might contain prefilled information. By signing the application, the applicant represents that the prefilled information has been reviewed and accepted as true.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.**

**As the authorized agent, I declare that if the applicant or any of its members become aware of any information that would change answers furnished in the application, the applicant will reveal such information in writing to the Insurer prior to the effective date of coverage. On behalf of the applicant, I declare that this application, including attachments, supplementary pages and other exhibits attached, is complete and correct.**

Producer's Signature

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Producer's Name (Please Print)

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Applicant's Signature

Date Signed by Applicant

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Applicant's Name (Please Print)