

**POLLUTION LIABILITY INSURANCE  
APPLICATION FOR A CLAIMS-MADE POLICY**

**APPLICATION INSTRUCTIONS**

1. Complete the application using typewriter or black ink. Include one Section II insert for each site at which you have UST's. If additional section II inserts are needed, photocopies are acceptable. Pencil is not acceptable. Illegible applications will not be accepted.
2. Attach copies of State registration forms for all tanks, both underground and aboveground. Attach copies of any tightness test or other inspection reports which have been made on tanks for which application for insurance is being made. The Company reserves the right to require, at the owner's expense, testing on any tank deemed necessary. The Company also requires a tightness test on all new installations.
3. The application must be fully completed, signed by owner, partner, or officer of the applicant, and dated in order to obtain an insurance proposal. All questions must be answered. If "none" or "not applicable", so indicate.

**I. GENERAL**

1. Applicant's Name: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax Number : \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

2.  Corporation  Partnership  Individual  Other \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

4. Business of Applicant: \_\_\_\_\_

5. Please list Trade Association memberships: \_\_\_\_\_

6. Length of time in business: \_\_\_\_\_

7. Identify previous owners and describe past uses of any locations if other than described on the UST Inventory By Site Form: \_\_\_\_\_

8. Please indicate below:

A. Coverage:

1.  Liability Only (Coverage A)

2.  Liability and Site Clean-Up (Coverage A and B)

B. Deductible:

\$4,000  \$10,000  \$25,000  Other \$ \_\_\_\_\_

C. Policy Limits (Coverage A or Coverage A and B):

9.  \$1,000,000./ \$2,000,000.  \_\_\_\_\_

A. Name, policy number and policy dates of current or previous insurance: \_\_\_\_\_

B. Was "tail" coverage purchased under any previous policy?  Yes  No

10. Do you request that other parties be named as Additional Insureds?  Yes  No

Examples of those who may be included as Additional Insureds are Lienholders, Lessees of premises you own, or Lessors of property where you have operations. Attach an additional sheet if necessary.

Name & Mailing Address of Additional Insured	Affiliation with Named Insured	Designated Site Location

**II. UNDERGROUND STORAGE TANK INVENTORY BY SITE** (See Insert—complete one insert form for each location)

**III. ABOVEGROUND STORAGE TANK INVENTORY – (If applicable)**

(Please list bulk UST's in II. Underground Storage Tank Inventory – By site)

- 1. Complete the **Aboveground Tank** inventory insert for all aboveground tanks.
- 2. Do you wish to insure Aboveground Tanks?  Yes  No

**IV. OTHER STORAGE TANKS**

- 1. Do you own or operate any tanks not listed in Sections II thru III subject to registration under Texas Natural Resources Conservation Commission or New Mexico Environmental Department regulations?

Yes  No If **yes**, please describe and attach an additional sheet if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. PREVIOUS LOSSES**

Have there been any pollution related losses or incidents of any kind at any site being considered for this insurance? Include any contamination discovered when tanks and / or lines were removed, replaced or repaired. Also, include any contamination discovered at a site where the source was unknown.

Yes  No If **yes**, please specify date of loss, location, and description of loss including costs incurred and how many gallons of product were lost and / or discovered missing through inventory controls. Please list any applicable LPST numbers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**IX.** At the time of application, are all of the applicant's tanks listed in this application in compliance with regulations set forth by the United States Environmental Protection Agency and any state agency with responsibility for protection of its environment or authority to implement the regulations for protecting its environment:  Yes  No If **yes**, please explain fully and attach an additional sheet if necessary:

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**X.** Have you had insurance for the clean up costs liability or third-party liability declined, cancelled, or non-renewed?  Yes  No If yes, please explain fully and attach an additional sheet if necessary.

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**XI.** The undersigned who is authorized to sign this application declares to the best of his/ her knowledge, the statements set forth herein are true. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading by withholding information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. Signing of this application does not bind the undersigned or the insurance company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued. Should a policy be issued, an enforcement of this application shall be in the same venue as enforcement of the contract provisions. The Company is hereby authorized to make any investigation and inquiry in connection with this application that is deems necessary.

If the applicant becomes aware of a pollution incident at any site for which application for insurance is being made between the date of application and the issuance of the policy, the applicant will notify the Company immediately of the event.

Print Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

TANK OWNERS MUTUAL INSURANCE COMPANY • 1600 West seventh Street • Fort worth, Texas 76102-2505 • (817) 336-1336

ADMINISTRATOR: Program Resources Organization  
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**UNDERGROUND STORAGE TANK INVENTORY – BY SITE**

(Please complete one of these forms for each site, including any underground waste oil tanks and any bulk sites with UST's.)

**FACILITY ID#** \_\_\_\_\_

Applicant name		
Location Street Address		
City	State	Zip

(Please attach copies of State Regulatory Agency registration forms for each site.)

Owned By:  Applicant  Other  
 Operated By:  Applicant  Other

Circle each applicable operation that applies to this location:

- BULK PLANT      CAR DEALER      CAR WASH      CONVENIENCE STORE      MARINA      PUBLIC INSTITUTION  
 REPAIR GARAGE      SERVICE STATION      OTHER (Describe) \_\_\_\_\_

**SITE INFORMATION**

- Has any form of subsurface assessment been completed at this facility which includes one of the following? Check all that apply.  
 Soil sampling       Groundwater sampling       Soil gas sampling       None
- Was the assessment related to any of the following? Check all that apply.  
 Property transaction       Site environmental audit       Tank removal/ replacement       Failed tightness test  
 Inventory shortage       Risk management       Hydrocarbon release on adjacent property  
 Detected release       Suspected release       Confirmed release  
 Tank in place abandonment       Other (attach additional sheets)       N/A
- Has this site been identified on any federal, state, or local environmental agency list due to confirmed or suspected discharge of pollutants?  No  Yes    If yes, give case number \_\_\_\_\_ and attach complete copies of all data, reports and regulatory correspondence.

**CHECK OR COMPLETE ALL APPROPRIATE**

1. Tank Number						
2. Status of Tank						
A. Currently in use						
B. Temporarily out of use (since what date?)						
C. Permanently out of use (date closed)						
3. Year Tank was installed						
4. Are the listed tanks the original tanks at the site or did they replace						
Other tanks? <input type="checkbox"/> Original <input type="checkbox"/> Replacement						
5. Year you obtained control of this site						
6. Product stored in tank						
7. Tank capacity (gallons)						
A. Split Tanks – Capacity of Each Compartment						
8. Tank Construction						
A. Steel						
B. Steel w/ Cathodic Protection						
C. Fiberglass Clad Steel						
D. Double Walled (fiberglass/ steel composite)						
E. Doubled Walled (steel)						
F. Fiberglass Clad Steel w/ Cathodic Protection (StiP 3)						
G. Steel w/ Fiberglass Lining						
1) Year Lined _____						
2) Cathodically Protected?						
H. Other (please describe)						

# UNDERGROUND STORAGE TANK INVENTORY – BY SITE

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CHECK OR COMPLETE ALL APPROPRIATE

(Tank Number)						
9. Leak detection (Indicate all appropriate types)						
A. Continuous						
1) Double wall interstitial						
2) Soil vapor or ground water monitoring						
3) Automatic Tank Gauges						
4) Statistical Inventory Reconciliation (SIR)						
5) Split containment & overfill protection						
6) Stage II Vapor Recovery system						
B. Intermittent						
1) Date of latest tightness test						
2) Inventory control frequency (daily, weekly, monthly)						
C. Other						
10. Piping System						
A. Year Installed						
B. Construction						
1) Steel						
2) Steel w/ cathodic protection						
3) Reinforced Fiberglass						
4) Double-Walled/ Secondary Containment						
5) Other (please describe)						
C. System Design						
1) Suction						
2) Pressure with Line Leak Detectors						
a) Type of Line Leak Detectors						
• Mechanical						
• Electronic						
b) Do you have piping sumps?						
3) Pressure without Line Leak detectors						
D. Date of Latest Line Test						
11. Are Tanks in a flood plain?						
12. Are Tanks operated at a Marina?						
13. Are Tanks in a recharge zone for an underground aquifer?						
14. Water Supply						
A. Individual Water Wells						
B. Public Water Supply						

