

Storage Tank Application

Answer all questions, use separate sheets if necessary. Complete questions 3 and 4 for each location.

1.	Applicant/Proposed Named Insured
Applicant Name:	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other:	
Street Address:	
City, State, ZIP:	

2.	Prior Storage Tank Coverage	<input type="checkbox"/> None
Carrier:		Expiration Date:
		Retroactive Date:

3.	Facility Information/Proposed Scheduled Location	Applicant is:
Facility Name/ID:		<input type="checkbox"/> Owner
Street Address:		<input type="checkbox"/> Tenant
City, State, ZIP:		<input type="checkbox"/> Other: _____
Note: "Storage tank system" refers to tank and associated piping. "UST" and "AST" refer to Underground or Aboveground Storage Tank systems, respectively.		
1.) Has this location ever had a reportable release?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Is any storage tank system out of compliance with applicable environmental regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.) Is any storage tank system inactive, closed, or temporarily out-of-service?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.) Are any storage tank systems intended to be removed, replaced, upgraded, or taken out of service?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If answers to any above questions are yes, please provide details about which tank(s); the nature of any non-compliance; when spills/releases occurred and current status. Attach additional pages/documents as necessary.		
5) Business at this facility (check all that apply):		
<input type="checkbox"/> Retail Gas Station		<input type="checkbox"/> Auto Repair/Service
<input type="checkbox"/> Cardlock		<input type="checkbox"/> Airport Fueling
<input type="checkbox"/> Marina		<input type="checkbox"/> Other: _____
6.) Average monthly throughput: _____ gallons.		
7.) For USTs: Is an automatic leak detection system in use for all USTs?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.) For ASTs: a.) Are all ASTs inside impermeable secondary containment?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b.) Is there any underground piping?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c.) Do you have a current certified SPCC plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

4.	Tank Schedule/Proposed Covered Tank Systems							
	Tank No./Tank ID (yours)	UST or AST	Year Installed	Capacity (Gallons)	Contents	Tank Construction		Piping
						DW*/SW	Material (see below)	DW*/SW
1.								
2.								
3.								
4.								
5.								
6.								
7.								
*Note: Double-walled ("DW") tanks/piping must have interstitial space between walls. Single-walled ("SW") tanks do not.								
UST tank materials include: FRP = fiberglass or fiberglass reinforced plastic; CPS = cathodically protected steel (includes impressed current); FCS = fiberglass clad steel; STI-P3; or "Other" (please identify)								
AST tank materials include: Steel; Poly; FRP (fiberglass); Concrete/Steel; or "Other" (please identify)								

FRAUD WARNINGS

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO CALIFORNIA APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: “It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.”

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: “Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.”

NOTICE TO HAWAII APPLICANTS: “For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.”

NOTICE TO KENTUCKY APPLICANTS: “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.”

NOTICE TO LOUISIANA APPLICANTS: “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 fines and confinement in prison.”

NOTICE TO MAINE APPLICANTS: “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, or denial of insurance benefits.”

NOTICE TO NEW JERSEY APPLICANTS: “Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

NOTICE TO NEW MEXICO APPLICANTS: “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.”

NOTICE TO NEW YORK APPLICANTS: “Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.”

NOTICE TO OHIO APPLICANTS: “Any person who, with intent to defraud or knowing that he/she 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.”

NOTICE TO OKLAHOMA APPLICANTS: “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.

NOTICE TO PENNSYLVANIA APPLICANTS: “Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 civil penalties.”

NOTICE TO TENNESSEE APPLICANTS: “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

NOTICE TO TEXAS APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO VIRGINIA APPLICANTS: “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Should the signatory become aware of any change or omission relative to the information provided herein subsequent to the completion of this application and precedent to the effecting of insurance, the undersigned promissorily warrants that he will submit to Freberg Environmental, Inc. supplementary advice specifying such change or omission. Notwithstanding the immediate foregoing, however, the signatory further promissorily warrants that he will inform Freberg Environmental, Inc. of any change or omission with respect to the answers given in this application at any time subsequent to the completion thereof, provided insurance has been effected. It is agreed that the duty imposed upon the signatory by virtue of the foregoing promissory warranties, shall be nondelegable. It is further agreed that this application shall be the basis of any insurance as may be subsequently effected by Freberg Environmental, Inc. and that Freberg Environmental, Inc. will rely

upon the veracity of all responses thereto in causing such insurance to be effected. It is further understood and agreed that all representations and warranties made to Freberg Environmental, Inc. also are made to the issuing carrier.

It is finally agreed that the completion of this application neither obligates the Applicant to purchase insurance nor binds Freberg Environmental, Inc. or the issuing carrier to effect insurance.

Signed Title Date

TO BE COMPLETED BY INSURANCE AGENT

Agent's Name:	
Address:	
Phone:	Fax:
Do you hold a surplus lines license? <input type="checkbox"/> Yes License No: <input type="checkbox"/> No	