

## Site Pollution Application

Answer all questions, use separate sheets if necessary.

**NOTE: There are two sections to this application (1 - 9) and (A - Q)**

1. Applicant/Parent Company: _____	Date Needed: _____
Applicant/Parent Company Address: _____ _____	Effective Date: _____
<div style="display: flex; justify-content: space-between;"> <span>Phone: _____</span> <span>State: _____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Web Address: _____</span> <span>Zip: _____</span> </div>	

2. Requested Coverages:	<u>Proposed Limits/Retention</u>
<input type="checkbox"/> Onsite Cleanup/3rd Party Liability <input type="checkbox"/> Onsite Cleanup Only	Occurrence: _____
<input type="checkbox"/> 3rd Party Liability Only <input type="checkbox"/> Other _____	Aggregate: _____
<input type="checkbox"/> GL/3rd Party Liability	Deductible/SIR: _____
Retroactive Date: _____	Term (10-year max.): _____

3. Type of facility: _____
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         Please provide a brief description of why Environmental Liability coverage is needed:       </div>  

4. List all locations to be covered: _____	Total Number of Facilities: _____																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%; text-align: left;">Loc#</th> <th style="text-align: left;">Facility Name, Address, State &amp; Zip Code</th> </tr> </thead> <tbody> <tr><td>1</td><td>_____</td></tr> <tr><td>2</td><td>_____</td></tr> <tr><td>3</td><td>_____</td></tr> <tr><td>4</td><td>_____</td></tr> <tr><td>5</td><td>_____</td></tr> <tr><td>6</td><td>_____</td></tr> <tr><td>7</td><td>_____</td></tr> <tr><td>8</td><td>_____</td></tr> <tr><td>9</td><td>_____</td></tr> <tr><td>10</td><td>_____</td></tr> </tbody> </table>	Loc#	Facility Name, Address, State & Zip Code	1	_____	2	_____	3	_____	4	_____	5	_____	6	_____	7	_____	8	_____	9	_____	10	_____
Loc#	Facility Name, Address, State & Zip Code																					
1	_____																					
2	_____																					
3	_____																					
4	_____																					
5	_____																					
6	_____																					
7	_____																					
8	_____																					
9	_____																					
10	_____																					
(List additional locations on separate page if necessary)																						

5. Financial Information

Gross Receipts for Corporation/Company: \_\_\_\_\_

6. Attach a copy of the Applicant's most recent financial statement (balance sheet and income statement), or 10K. Attach pro forma statement if applicable.
7. Attach copies of recent or applicable environmental reports for each site , including but not limited to: Phase I or II assessments, corrective action plans, remediation work plans, or closure plans.
8. If any remedial activities have occurred at any of the proposed covered locations, attach EPA or State closure letters, no further action letters, or provide a detailed description of the steps being taken to attain closure and a schedule for attaining closure
9. Attach any complaint, suit, or correspondence related to any public complaints regarding any emission, discharge, or escape of any pollutant from any of the proposed covered locations to the local community.

**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."

Initials\_\_\_\_\_.

**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 a 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 issuer.

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?  Yes  No License No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**IMPORTANT!**

Please answer Questions **A** through **Q** below for each facility that is proposed to be covered under this application. Make copies of the blank application for Questions **A** through **Q** so that information from each facility is included in the application. Init

Initials\_\_\_\_\_

**IMPORTANT!** Please Copy the Following Pages (Section A - Q) and Complete this Section for **Each Location** to be Scheduled/Covered

<b>A.</b>	<b>Facility Specific Information:</b>	
Name or Location Number: _____		Age of Facility: _____
Has this location ever had any unregulated emission, discharge, release or escape of pollutants or other substances? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the Applicant aware of any pre-existing condition at this location that might lead to a claim under the policy if it were to be issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>B.</b>	<b>Describe Current Operations/Manufacturing Processes:</b>	

<b>C.</b>	<b>Describe Historical Site Operations:</b>	(environmental reports for the facility, Phase I or II, remediation plans)

<b>D.</b>	<b>Permits (Check all that Apply)</b>	For each that apply, please attach a list of relevant permit ID numbers		
<table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> RCRA Part B Permit or State Equivalent  <input type="checkbox"/> NPDES or State Equivalent  <input type="checkbox"/> NPDES Storm Water Permit or State Equivalent  <input type="checkbox"/> Air Permit (any type, federal, state or local)  <input type="checkbox"/> UST or AST Registrations  <input type="checkbox"/> CAA 112(r)  <input type="checkbox"/> SARA Title III         </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> EPCRA Section 302 TPQ  <input type="checkbox"/> PCB Annual Reports  <input type="checkbox"/> Small Quantity Generator  <input type="checkbox"/> Large Quantity Generator  <input type="checkbox"/> Asbestos-Related Permits  <input type="checkbox"/> Onsite Disposal Permits  <input type="checkbox"/> Pesticide/Herbicide  <input type="checkbox"/> OTHER:         </td> </tr> </table>			<input type="checkbox"/> RCRA Part B Permit or State Equivalent <input type="checkbox"/> NPDES or State Equivalent <input type="checkbox"/> NPDES Storm Water Permit or State Equivalent <input type="checkbox"/> Air Permit (any type, federal, state or local) <input type="checkbox"/> UST or AST Registrations <input type="checkbox"/> CAA 112(r) <input type="checkbox"/> SARA Title III	<input type="checkbox"/> EPCRA Section 302 TPQ <input type="checkbox"/> PCB Annual Reports <input type="checkbox"/> Small Quantity Generator <input type="checkbox"/> Large Quantity Generator <input type="checkbox"/> Asbestos-Related Permits <input type="checkbox"/> Onsite Disposal Permits <input type="checkbox"/> Pesticide/Herbicide <input type="checkbox"/> OTHER:
<input type="checkbox"/> RCRA Part B Permit or State Equivalent <input type="checkbox"/> NPDES or State Equivalent <input type="checkbox"/> NPDES Storm Water Permit or State Equivalent <input type="checkbox"/> Air Permit (any type, federal, state or local) <input type="checkbox"/> UST or AST Registrations <input type="checkbox"/> CAA 112(r) <input type="checkbox"/> SARA Title III	<input type="checkbox"/> EPCRA Section 302 TPQ <input type="checkbox"/> PCB Annual Reports <input type="checkbox"/> Small Quantity Generator <input type="checkbox"/> Large Quantity Generator <input type="checkbox"/> Asbestos-Related Permits <input type="checkbox"/> Onsite Disposal Permits <input type="checkbox"/> Pesticide/Herbicide <input type="checkbox"/> OTHER:			

<b>E.</b>	<b>Regulatory Compliance</b>	
a) Is the Applicant/Facility currently in compliance with all applicable environmental regulations? If no, attach a description detailing the measures being taken to comply.		<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Has the Applicant/Facility ever been cited for any environmental or permit violation? If yes, attach a description detailing the violation, the steps taken to come into compliance, and the final outcome of the violation.		<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Does the Facility conduct regular environmental compliance audits?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Chemical Use, Treatment, Storage, and Disposal Information**

\_\_\_\_\_  
(Location Name)

F.	Raw and Process Chemicals	QUANTITIES		STORAGE METHODS (Check all that Apply)			
		Chemical Name	Total per Year	At Any One Time	Drum	AST	UST

**Attach Separate List if additional space is needed.**

(Applicant may attach a copy of a DMR in lieu of completing table below)

G. Wastewater Handling? <input type="checkbox"/> N/A			Maximum Daily Discharge:		
Constituents of Concern	Discharge Limits	Receiving Body	Outfall #	Treatment Process	

**Attach Separate List if additional space is needed.**

Describe any permit exceedances or by-passes. List number of exceedances and the methods used to correct problem.

---



---



---



---

Initials \_\_\_\_.

**Chemical Use, Treatment, Storage, and Disposal Information**

\_\_\_\_\_  
(Location Name)

**H. Hazardous/Special Waste Generation?**  N/A

Waste Type (RCRA #)	Quantity/Year	Treatment Method	Disposal Method	Total Quantity Stored Onsite	Date Disposal Started

**Attach list of additional waste materials, if necessary.**

**I. Offsite Disposal?**  N/A

Waste Type (RCRA #)	Quantity/Year	Treatment Method	Disposal Method	Disposal Facility	Date Disposal Started

**Attach list of additional waste materials, if necessary.**

**J. Onsite Disposal?**  N/A

<input type="checkbox"/> Active Landfill Total acreage: _____ Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No Leachate Collection: <input type="checkbox"/> Yes <input type="checkbox"/> No Monitoring Wells: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Wells: _____ Age of Facility: _____ Wastes(list): _____	<input type="checkbox"/> Closed Landfill Total acreage: _____ Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No Leachate Collection: <input type="checkbox"/> Yes <input type="checkbox"/> No Monitoring Wells: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Wells: _____ Age of Facility: _____ Wastes(list): _____	<input type="checkbox"/> Injection Well Years in Operation: _____ Number of Wells: _____ Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No Wastes(list): _____
--	--	---

**Attach additional information for other onsite disposal facilities if necessary**

**Chemical Use, Treatment, Storage, and Disposal Information**

\_\_\_\_\_  
(Facility Name)

<b>K. Air Emissions?</b> <input type="checkbox"/> N/A					
Source	Quantity/ Year	Pollutant	Treatment Method	Permit Emission Limits	Years Source in Operation

**Attach a list of additional sources, if necessary**

<b>L. Aboveground Storage Tanks?</b> <input type="checkbox"/> N/A					
Identification	Age	Capacity (US Gallons or BBL)	Construction Material	Date of Last Inspection	Type of Containment

**Attach list of additional ASTs if necessary.**

<b>M. Underground Storage Tanks?</b> <input type="checkbox"/> N/A						
Tank ID	Age	Capacity	Tank Construction Material	Leak Detection Method	Piping Construction Material	Registered with State?

*All tanks greater than 10 years old MUST have current tightness tests.*

**Attach list of additional USTs if necessary.**



**Chemical Use, Treatment, Storage, and Disposal Information**

\_\_\_\_\_  
(Location Name)

<b>N.</b>	Has the location/facility, during the last five years, been cited or prosecuted for any violation of any standard or law relating to the release of a substance into the environment? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> If yes, provide details: _____ _____ _____ _____
-----------	---

<b>O.</b>	Has the location/facility ever been sued or requested to pay any damages or to perform any cleanup activities with respect to any actual alleged pollution incident either on the facility grounds or to an offsite party or location? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> If yes, provide details: _____ _____ _____ _____
-----------	--

<b>P.</b>	List all environmental losses paid or incurred over the past three years.		
	<u>Date</u>	<u>Amount</u>	<u>Description of Loss</u>

<b>Q.</b>	<b>Physical Setting</b>	Distance to Residential Areas (miles) _____ Direction to Residential Areas (N,S,E,W) _____ Dist. to Nearest Drinking Water Well (miles) _____ Prevailing Wind Direction (N,S,E,W) _____	Distance to Nearest Surface Water (miles) _____ Depth to Groundwater (feet) _____ Number of Groundwater Wells at Facility _____ Predominant Soil Type (clay, sand, etc.) _____
		Please provide a brief description of adjacent properties:	
		North: _____	
		South: _____	
		East: _____	
		West: _____	
		Attach a detailed map if the facility, including the direction and location to any surface waters.	

**END OF FACILITY SPECIFIC INFORMATION SECTION**

Initials \_\_\_\_\_.

## Underground Storage Tank

### Storage Tank Environmental Impairment Liability (STEIL) Application

<b>Applicant, Facility Information and UST Schedule</b>													
Complete this page for <b>EACH</b> facility. All questions <b>must</b> be answered. <i>Attach additional sheets if needed.</i>													
Facility Name:		Contact:											
Address, City, State, Zip:													
Email:		Phone:											
1.	Are any underground storage tanks or associated piping ("USTs") <u>out of</u> compliance with applicable EPA or state regulations for construction, tightness testing, monitoring, or leak detection?	<input type="checkbox"/> No	<input type="checkbox"/> Yes										
2.	Has there ever been a reportable release at this location?	<input type="checkbox"/> No	<input type="checkbox"/> Yes										
3.	Are any USTs inactive, closed, or temporarily out-of-service?	<input type="checkbox"/> No	<input type="checkbox"/> Yes										
4.	Are any USTs scheduled to be replaced, removed, upgraded, or taken out of service?	<input type="checkbox"/> No	<input type="checkbox"/> Yes										
5.	Are any USTs older than 21 years as of the date of this application?	<input type="checkbox"/> No	<input type="checkbox"/> Yes										
6.	Business at this facility (check all that apply): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Full/Self Service Gas Sales</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Fuel Stored for Own Use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Cardlock</td> <td style="border: none;"><input type="checkbox"/> Full Service (Repair Garage)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Convenience Store with Gas Sales</td> <td style="border: none;"><input type="checkbox"/> Other:</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Marina</td> <td style="border: none;">Average Monthly Throughput:</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Limited Service (Lube and Oil)</td> <td style="border: none;"></td> </tr> </table>			<input type="checkbox"/> Full/Self Service Gas Sales	<input type="checkbox"/> Fuel Stored for Own Use	<input type="checkbox"/> Cardlock	<input type="checkbox"/> Full Service (Repair Garage)	<input type="checkbox"/> Convenience Store with Gas Sales	<input type="checkbox"/> Other:	<input type="checkbox"/> Marina	Average Monthly Throughput:	<input type="checkbox"/> Limited Service (Lube and Oil)	
<input type="checkbox"/> Full/Self Service Gas Sales	<input type="checkbox"/> Fuel Stored for Own Use												
<input type="checkbox"/> Cardlock	<input type="checkbox"/> Full Service (Repair Garage)												
<input type="checkbox"/> Convenience Store with Gas Sales	<input type="checkbox"/> Other:												
<input type="checkbox"/> Marina	Average Monthly Throughput:												
<input type="checkbox"/> Limited Service (Lube and Oil)													

Complete the information requested in the following table and use the appropriate response codes below. Use extra sheets as necessary.					
Tank Schedule					
Tank ID Number (Yours)					
Date Installed (Mo/Yr)					
Tank Capacity (gallons)					
Contents					
Tank Construction (Use codes 1 and 2)					
Piping Construction (Use codes 1 and 3)					
<u>1 - Construction (Tank and Piping) Codes</u> SW = Single Walled Tank DW = Doubled Walled Tank  Note: Double-walled construction has interstitial space between walls.	<u>2 - Tank Codes</u> CPS = Cathodic Protected Steel FRP = Fiberglass FCS = Fiberglass Clad/Lined Steel STI-P3 = Steel Tank, 3x protection		<u>3 - Piping Codes</u> CPS = Cathodic Protected Steel FRP = Fiberglass FCS = Fiberglass Clad/Lined Steel Flex = Flexible		

## Above-Ground Storage Tank (AST) Application

<b>Applicant, Facility Information and AST Schedule</b>													
Complete this page for <b>EACH</b> facility. All questions <b>must</b> be answered. <i>Attach additional sheets if needed.</i>													
Facility Name:		Contact:											
Address, City, State, Zip:													
Email:		Phone:											
1.	Are any above-ground storage tanks or associated piping ("ASTs") <u>out of</u> compliance with applicable EPA or state regulations?	<input type="checkbox"/> No	<input type="checkbox"/> Yes										
2.	Has there ever been a reportable release at this location?	<input type="checkbox"/> No	<input type="checkbox"/> Yes										
3.	Do you have a current certified SPCC plan? Please provide a copy.	<input type="checkbox"/> No	<input type="checkbox"/> Yes										
4.	Is secondary containment (i.e., impermeable walls or dikes) present for the ASTs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes										
5.	Do the scheduled ASTs have any underground piping?	<input type="checkbox"/> No	<input type="checkbox"/> Yes										
6.	Business at this facility (check all that apply): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Full/Self Service Gas Sales</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Fuel Stored for Own Use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Cardlock</td> <td style="border: none;"><input type="checkbox"/> Full Service (Repair Garage)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Convenience Store with Gas Sales</td> <td style="border: none;"><input type="checkbox"/> Other:</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Marina</td> <td style="border: none;">Average Monthly Throughput:</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Limited Service (Lube and Oil)</td> <td style="border: none;"></td> </tr> </table>			<input type="checkbox"/> Full/Self Service Gas Sales	<input type="checkbox"/> Fuel Stored for Own Use	<input type="checkbox"/> Cardlock	<input type="checkbox"/> Full Service (Repair Garage)	<input type="checkbox"/> Convenience Store with Gas Sales	<input type="checkbox"/> Other:	<input type="checkbox"/> Marina	Average Monthly Throughput:	<input type="checkbox"/> Limited Service (Lube and Oil)	
<input type="checkbox"/> Full/Self Service Gas Sales	<input type="checkbox"/> Fuel Stored for Own Use												
<input type="checkbox"/> Cardlock	<input type="checkbox"/> Full Service (Repair Garage)												
<input type="checkbox"/> Convenience Store with Gas Sales	<input type="checkbox"/> Other:												
<input type="checkbox"/> Marina	Average Monthly Throughput:												
<input type="checkbox"/> Limited Service (Lube and Oil)													

Complete the information requested in the following table and use the appropriate response codes below. Use extra sheets as necessary.					
Tank Schedule					
Tank ID Number (Yours)					
Date Installed (Mo/Yr)					
Tank Capacity (gallons)					
Contents					
Tank Construction (Use codes 1 and 2)					
Piping Construction (Use codes 1 and 3)					
<u>1 - Construction (Tank and Piping) Codes</u> SW = Single Walled Tank DW = Doubled Walled Tank  <u>Note:</u> Double-walled construction has interstitial space between walls.	<u>2 - Tank Codes</u> S = Welded Steel SS = Stainless Steel P = Plastic/Poly Fiberglass FRP = Fiberglass Reinforced Plastic			<u>3 - Piping Codes</u> n/a = none S = Steel or Cathodic Protected Steel FRP = Fiberglass FCS = Fiberglass Clad/Lined Steel Flex = Flexible	

## 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 a 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.”

**CERTIFICATION – APPLICABLE TO ALL APPLICANTS**

I certify that the statements set forth in this application are correct. If any information supplied on this application should change between the date of this application and the inception date of the policy period, I will immediately notify the insurer of such change. I agree that this application shall be deemed to be attached to and made part of the policy, if issued, as if physically attached to the policy. I also understand that any misrepresentation of information contained in this application could result in the policy being voided.

I understand that the company will rely on the information I have provided in this application as the basis for deciding whether an insurance policy will be issued.

I hereby authorize the company to make any inquiry in connection with this application as it deems necessary. The undersigned hereby authorizes the release of loss information from any prior insurer to the company. In this regard, I certify that I will execute whatever authorizations or releases may be necessary to permit the company to secure any such information.

I certify, by signature below, that I have read and understand the attached Certification and insurance Fraud Warning (FEI-0308-199-T Fraud Warning) statements found on pages 2 and 3 of this application.

Signed:		Title:	
Please Print Name/Title:		Date of Application:	