



APPLICATION FOR POLLUTION LIABILITY AND ENVIRONMENTAL DAMAGE
APPLICATION FOR CLAIMS-MADE POLICY

Named Insured: Agent:

Mailing address:

Street Address if different from above

City State Zip

Corporation LLC Partnership Individual Other

Phone: Fax: E-mail:

Contact:

LIABILITY COVERAGE

Effective Date to Agency Bill Direct Bill Select Payment Plan

Coverage:

- Liability Only (Coverage A)
Liability and Site Clean-Up (Coverage A and B) or
Liability, Site Clean-Up and Property Coverage (Coverage A, B and C)

Deductible:

- \$5,000 \$10,000 \$25,000

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

- \$500,000 / \$1,000,000 \$1,000,000 / \$1,000,000
\$1,000,000 / \$2,000,000 Coverage C \$25,000

Retroactive Date (answer for New Business Only)

- Policy Inception Specify Date To specify date of coverage provide a copy of the prior carriers policy to verify the current retroactive date.

Give the name of the insurance company, policy number and effective dates of your current pollution policy.

UNDERWRITING QUESTIONS

1. Do you own or operate any tanks not listed in this application subject to registration under the Natural Resources Conservation Commission regulations? Yes No If yes, list below including location:

Empty text box for question 1 response

2. Are there or have there been any hazardous, toxic or regulated substances, stored at any sites for which application for insurance is being made other than: Gasoline, Diesel Fuel, Motor Oil or Kerosene? Yes No If yes, please list below:

Empty text box for question 2 response

3. Have there been, or are there any fines, penalties or legal actions currently pending against the applicant, including state, federal or any other compliance order on any pollution incident? Yes No **If yes, please explain below:**

4. At the time of signature, is the applicant aware of any circumstances which could give rise to a pollution incident with regard to any sites for which application for insurance is being made? Yes No **If yes, please explain below:**

5. At the time of application, are all of the applicant's tanks listed in this application in compliance with effective 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 no, please explain below:**

6. Have you had insurance for third-party pollution liability declined, cancelled or non-renewed? Yes No **If yes, please explain below:**

7. Should a Certificate of Insurance be sent to your supplier? Yes No
Should your Supplier be added as an Additional Insured to the policy? Yes No

If Yes, list name, mailing address, city state and zip code of your supplier.

8. Should your landlord or lessee be added as an Additional Insured to the policy? Yes No
If Yes, list name, mailing address, city, state and zip code of your landlord or lessee.

The undersigned is authorized to sign this application declares to the best of his/her knowledge, that statements set forth 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 to misleading by withholding information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime. Signing the application does not bind the undersigned or insurance company to complete the insurance, but it is agreed 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 authorized to make any investigation and inquiry in connection with this application it 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 issuance of the policy, the applicant will notify the Company immediately of the event.

Name: _____ Title: _____

Signature: _____

Date: _____ Phone: _____

Agency: _____

Contact: _____ Phone: _____

THIS MUST BE COMPLETED FOR EACH LOCATION WITH AN UNDERGROUND STORAGE TANK

Facility Name ID # _____

Owned By: Applicant Other Operated By: Applicant Other

Street Address: _____

City _____ State _____ Zip _____

Occupancy of this location? i.e. store, bulk plant, etc.: _____

Have there been any **POLLUTION RELATED LOSSES OR INCIDENTS OF ANY KIND** at this Facility? Yes No

If yes, list LPST number: LPST# _____ If remediation is completed please provide a case closure letter from your environmental consultant.

Underground Tank Information	Tank Number / TCEQ Tank Number in TX	1	2	3	4	5	6
1) Status of Tank							
2) Tank Installation Date							
3) Product in Tank							
4) Tank Capacity in Gallons							
5) Tank Construction							
6) Leak Detection							
7) Piping Construction							
8) Piping System Design							
9) Are Tanks in Flood Zone A or B?							
10) Are Tanks at a Marina							
11) Are Tanks in a recharge Zone for an Underground Aquifer?							

1) Status of Tank - In Use (IU), Temporarily out of use (TOU) or Permanently out of use (POU). 2) Tank Installation Date - Give year. 3) Product in Tank - Gasoline (GAS), Diesel (DSL), Waste Oil (WO) or Other (O). 4) Tank Capacity in Gallons - Give Gallons. 5) Tank Construction - Steel with Cathodic Protection (SCP), Steel with Cathodic Protection with Liner (SCL), Fiberglass (FBGL), Steel with corrosion resistant coating (SC), Steel with corrosion resistant coating and Cathodic Protection: Example is a stiP3 tank system (SCP+), Steel clad with layer of noncorrosive material: Example is an ACT100 tank system (SNCM) or Other (O). 6) Leak Detection: TNRCC approved methods - Interstitial Monitoring (IM), Automatic Tank Gauging (ATG), Vapor Monitoring (VM), Groundwater Monitoring (GM), Statistical Inventory Reconciliation (SIR) or Other (O). 7) Piping Construction - Steel with Cathodic Protection (SCP), Reinforced Fiberglass (RF), Double Walled Steel with Secondary Containment (DWS), or Other (O). 8) Piping System Design - Suction (SUC), Pressure with Line Leak Detectors (PLLD) or Other (O). 9) Flood Zone - The agent handling your property insurance can answer this question. Answer YES or NO. 10) Marina - Answer YES or NO 11) Aquifer - Answer YES or NO

COMPLETE FOR EACH LOCATION WITH ABOVE GROUND TANK'S

Facility ID Number	Site Address - Street, City & Zip Code	Tank #	See #1 Below	See #2 Below	See #3 Below	See #4 Below	See #5 Below

#1 Tank Capacity in Gallons #2 Is the Tank registered? #3 Is the Tank UL approved? #4 Is the Tank Diked? If diked show with what material? #5 Is a Spill Prevention, Containment and Countermeasures Plan (SPCC) in effect?