



ALLIED WORLD ENVIRONMENTAL STORAGE TANK POLLUTION LIABILITY APPLICATION

INSTRUCTIONS

- The Applicant is responsible for obtaining and submitting whatever information and records are necessary to answer the Application questions, whether in the public domain or in their or another party's possession.
- Please type or print clearly.
- Answer all questions completely and leave no blank responses. If coverage is sought for more than one location, answer all questions for each location. Attach a separate sheet if additional space is needed.
- This form must be completed in full, dated and signed by an authorized representative of the Applicant.
- The STORAGE TANK SUPPLEMENTAL APPLICATION must be completed in full for all storage tank systems where coverage is requested.

SUBMISSION REQUIREMENTS

Please provide all of the following or indicate NA if applicable.

- UST SUPPLEMENTAL APPLICATION Provided NA
- AST SUPPLEMENTAL APPLICATION Provided NA
- Five (5) years loss runs Provided NA

SECTION I – GENERAL INFORMATION

Applicant _____
 Address _____
 City _____ State _____ Zip _____

Insurance Buyer / Manager Contact Information:

Name _____
 Phone Number _____
 Email _____
 Website _____ Annual Revenue _____

SECTION 2 – COVERAGE REQUESTED

Each Incident Limit	Policy Aggregate Limit	Deductible	
<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$75,000
<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$100,000
	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$250,000
Other \$ _____	Other \$ _____	Other \$ _____	
Policy Inception Date: _____			
Retroactive Date: _____		<input type="checkbox"/> Policy Inception	<input type="checkbox"/> Other _____
Is coverage requested for loading and unloading "as defined in the policy"? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<i>Existing Insurance (Please Provide Copy of Policy)</i>	<i>Insurance Company:</i>	<i>Deductible:</i>	
	<i>Each Incident Limit:</i>	<i>No. ASTS:</i>	<i>No. USTS:</i>
	<i>Policy Aggregate Limit:</i>	<i>Retroactive Date:</i>	
	<i>Aggregate Defense Limit:</i>	<i>Premium:</i>	



ALLIED WORLD ENVIRONMENTAL STORAGE TANK POLLUTION LIABILITY APPLICATION

AS USED IN THIS APPLICATION, "APPLICANT" INCLUDES THE ENTITY LISTED IN SECTION I, ANY OTHER PARTY TO THE PROPOSED INSURANCE, AND ALL PRINCIPALS, DIRECTORS, OFFICERS, PARTNERS, RISK MANAGERS, MANAGERS AND EMPLOYEES OF THE FOREGOING, INCLUDING THE PERSON SIGNING THIS APPLICATION. "YOUR LOCATION(S)" MEANS ALL LOCATIONS AND STORAGE TANK SYSTEMS BEING UNDERWRITTEN FOR THE PROPOSED INSURANCE.

SECTION 3 – LOCATION AND TANK INFORMATION

IN THE FOLLOWING SECTIONS WHERE "YES" AND "NO" CHECK BOXES APPEAR, PROVIDE EXPLANATORY DETAIL FOR ALL "YES" RESPONSES AND ATTACH ADDITIONAL SHEETS IF NEEDED.

Please provide the following details for your locations:

Insured's Relationship to Storage Tanks at this location.	Street Address	No. of ASTs at this location	No. of USTs at this location	Facility Type – See below
<input type="checkbox"/> Owner				
<input type="checkbox"/> Operator				
<input type="checkbox"/> Owner				
<input type="checkbox"/> Operator				
<input type="checkbox"/> Owner				
<input type="checkbox"/> Operator				

Facility Type	Airport	Marina
	Automobile / Other Motor Vehicle Facility	School / Educational Services Facility
	Convenience Store	Petroleum Bulk Station / Terminal
	Gasoline Service Station	Other – If other, please describe below:
Other:		

1. Has the applicant purchased this type of insurance within the past 5 years? YES NO
2. At the time of installation, were all of the Applicant's storage tanks new? YES NO
3. Are any of the Applicant's storage tanks located within fifty (50) feet of a body of surface or water? YES NO

[If yes, please complete the following Surface Water Questions.]

- a. At this facility, is there a tank(s) with piping located under the water? YES NO
(If "yes: for each tank please identify the applicable tank by ID number and provide its location and length of this piping.)
- b. At this facility, is there a tank(s) or piping located over the water? YES NO
(If "yes" for each tank please identify the applicable tank by ID number and provide the location and length of piping. Please also provide a photo of the referenced tanks(s) and/or piping.)
- c. Are all of the Insured's fueling systems sheltered from any contact from a



**ALLIED WORLD ENVIRONMENTAL
STORAGE TANK POLLUTION LIABILITY
APPLICATION**

- water based vessel? YES NO
4. Are all underground storage tanks compliant with all EPA and state guidelines and requirements including 1998 federal upgrade and 2015 system testing, operator inspection and training requirements? YES NO
5. Is the Applicant required to maintain a Spill Prevention and Counter Control Plan with regard to any aboveground tanks for which coverage is sought? YES NO
If yes, do you maintain a current and compliant SPCC Plan for all tanks where such plan is required? YES NO
6. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the Applicant or any other party to the proposed insurance? YES NO
7. Within the past five (5) years have there been any reportable spills as defined by applicable environmental statutes or regulations at the facility(ies) where the storage tank system(s) the Applicant is seeking coverage for are located? YES NO
8. Within the past ten (10) years, have all tests (of parts, equipment or systems) for leak detection, corrosion protection, overfill protection, vapor recovery and overfill detection received a passing result? YES NO
9. Within the past ten (10) years, have all tank, line and piping integrity tests received a passing result? YES NO
10. Does the Applicant have knowledge of a pollution incident at any of the proposed covered locations? YES NO
11. At the time of signing this application, is the Applicant aware of any circumstances that may reasonably be expected to give rise to a claim against any party to the proposed insurance? YES NO
12. At the time of signing this application, is the Applicant aware of any circumstances that may reasonably be expected to give rise to a release at the facility(ies) where the storage tank system(s) the Applicant is seeking coverage for are located? YES NO
13. Within the past five (5) years at the time of signing this application, has the Applicant filed or been subject of any proceeding related to bankruptcy, receivership, and/or insolvency? YES NO
14. At the time of signing this application, does the Applicant either (a) intend to commence or (b) know of any plan or threat to commence any proceeding related to bankruptcy, receivership, and/or insolvency? YES NO

If "yes" to Questions 6. through 14., above, provide a description of the information, claim, or circumstance.



**ALLIED WORLD ENVIRONMENTAL
STORAGE TANK POLLUTION LIABILITY
APPLICATION**

The Applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. All written statements and materials furnished to the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. If an order is received, the Application shall be deemed to be attached to, incorporated into and become a part of the policy so it is necessary that all questions be answered in detail. PLEASE READ THE APPROPRIATE STATE FRAUD NOTICES NOTED BELOW.

NOTICES TO APPLICANT

The undersigned authorized representative of the Applicant declares that the statements set forth in the Application are true, and reasonable effort has been made to obtain sufficient information from all persons proposed for this insurance to facilitate the accurate completion of the Application. The undersigned authorized representative agrees that if the Application information changes between the date of this Application and the effective date of the insurance, he/she will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or agreement to bind insurance.

The submission of this Application by the Applicant to the Insurer or signing of this Application by the Applicant does not obligate the Insurer to issue the insurance. It is agreed that this Application shall be the basis of the contract if a policy is issued and shall be deemed to be attached to, incorporated into and become a part of, the policy.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

NOTICE TO ALABAMA 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 RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.”

NOTICE TO ARKANSAS 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 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.”



ALLIED WORLD ENVIRONMENTAL STORAGE TANK POLLUTION LIABILITY APPLICATION

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 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.”

NOTICE TO HAWAII APPLICANTS: “FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF 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 A DENIAL OF INSURANCE BENEFITS.”

NOTICE TO MARYLAND APPLICANTS: “ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY 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 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 ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, 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 FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”



ALLIED WORLD ENVIRONMENTAL STORAGE TANK POLLUTION LIABILITY APPLICATION

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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 (365:15-1-10, 36 §3613.1).”

NOTICE TO OREGON APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.”

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 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO RHODE ISLAND 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 OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

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: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.”

NOTICE TO VERMONT APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.”

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.”

NOTICE TO WASHINGTON 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 WEST VIRGINIA: “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.”



**ALLIED WORLD ENVIRONMENTAL
STORAGE TANK POLLUTION LIABILITY
APPLICATION**

NOTICE TO ALL OTHER 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 A DENIAL OF INSURANCE BENEFITS."

DECLARATION AND SIGNATURE

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE IS MAKING THE REPRESENTATIONS IN THIS APPLICATION ON BEHALF OF THE APPLICANT AND ALL ENTITIES OR PERSONS PROPOSED FOR COVERAGE UNDER THE POLICY.

Signed _____

Name _____

Title _____

Date _____

Signed by Licensed Resident Agent (Where Required By Law)

Signed _____

Name _____

Title _____

Date _____