

**AMERICAN INTERNATIONAL COMPANIES®**

- Commerce and Industry Insurance Company
- Illinois National Insurance Co.
- American International South Insurance Company

(each of the above being a capital stock company)

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**STORAGE TANK THIRD PARTY LIABILITY CORRECTIVE ACTION AND CLEAN-UP COST POLICY**

**Application**

**THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY.**

THE POLICY TO WHICH THIS APPLICATION APPLIES PROVIDES DEFENSE EXPENSES SEPARATE FROM THE LIMIT OF LIABILITY THAT APPLIES TO LOSS, CORRECTIVE ACTION AND CLEANUP COSTS.

NOTICE: PLEASE ANSWER ALL QUESTIONS. ATTACH ADDITIONAL SHEETS OF PAPER IF NECESSARY.

- 1. Named Insured:
- 2. Insured's Address:

Phone #:  
Fax #:  
Email Address:

City:  
State:  
Zip Code:

- 3. Have you during the past five years had any reportable releases or spills of regulated substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations?  
[ ] Yes [ ] No. If Yes, were the following involved:

Corrective Action? [ ] Yes, [ ] No  
Remediation Complete [ ] Yes, [ ] No  
No Further Actions [ ] Yes, [ ] No  
Remediation On-Going [ ] Yes, [ ] No

3rd Party Claims? [ ] Yes, [ ] No  
Claim Closed [ ] Yes, [ ] No  
Claim Open [ ] Yes, [ ] No

Provide Details:

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4. At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental cleanup or response, or for bodily injury or property damage arising from the release of pollutants into the environment?  
 Yes,  No. If Yes, provide explanation:  
\_\_\_\_\_
5. Have any repairs or upgrades (including relining) been performed within the past ten years for any tank at locations to be insured?  
 Yes,  No. If Yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
6. Were all tanks new at installation?  
 Yes,  No,  Unknown
7. Were any tanks ever removed or closed without obtaining appropriate clean closure or no further action documentation?  
 Yes,  No,  Unknown
- 8a. Is there a Spill Prevention and Counter Control plan with regard to aboveground storage tanks if any exist?  
 Yes,  No,  Not Applicable
- 8b. If Yes, have any inspections or maintenance procedures as required by the plan not been performed?  
 Yes,  No,  Unknown. If Yes, please explain:  
\_\_\_\_\_
9. Do you use an outside contractor or firm for compliance management services? This includes, but is not limited to, equipment inspection and monitoring, proper state and local regulatory paperwork completion, and filing, pooling gauges and monthly monitoring reports for you.  
 Yes,  No
10. Do you use a remote monitoring system, with an outside vendor who receives an alarm when a release occurs and is responsible for notifying the appropriate parties?  
 Yes,  No
11. Do any plans exist to remove or replace any tanks within the next year?  
 Yes,  No. If Yes, explain:  
\_\_\_\_\_
12. Do you currently have pollution liability insurance coverage for the tanks applied for on this application?  
 Yes,  No. If Yes, please list below the name of the insurer, expiring premium, expiring deductible, retroactive date and limits of liability; or submit a copy of your current policy declarations page.



**COVERED STORAGE TANKS**

Site#	Tank ID	UST/AST	Yr. Inst.	Capacity (Gallons)	Contents	Tank Const.	Overfill/Spill Protection	Tank Leak Det.	AST Diking	AST Base Const.	Piping Const.	Piping Leak Det.

Contents	
<b>UG.</b>	Unleaded Gasoline
<b>EG.</b>	Gasohol
<b>D.</b>	Diesel
<b>K.</b>	Kerosene
<b>WO.</b>	Waste Oil/Used Oil
<b>FO.</b>	Fuel Oil
<b>G.</b>	Generic Gasoline
<b>P.</b>	Pesticide
<b>AM.</b>	Ammonia compound
<b>CL.</b>	Chlorine compound
<b>HAZ.</b>	Haz. Substance (CERCLA)
<b>ACID.</b>	Mineral Acids
<b>V.</b>	Grades 5 & 6 bunker 'C' oils
<b>W.</b>	Petroleum-base additive
<b>X.</b>	Misc. petroleum-base
<b>Z.</b>	Other, Identify

Tank Leak Detection	
<b>GMW.</b>	Groundwater Monitoring Wells
<b>IM.</b>	Interstitial Monitoring
<b>VM.</b>	Vapor Monitoring Wells
<b>VIS.</b>	Visual Inspections of AST Systems
<b>OTHER.</b>	Other EPA/DEP Approved
<b>SPCC.</b>	SPCC Plan - AST
<b>INTS.</b>	Interstitial Space – Double Walled Tank
<b>MAN.</b>	Manual Tank Gauging - UST
<b>STAT.</b>	Statistical Inventory Reconciliation (SIR)(USTs)
<b>AUTOTG.</b>	Automatic Tank Gauging System (USTs)
<b>IMAST.</b>	Interstitial Monitoring of AST Tank Bottom
<b>TT.</b>	Annual Tightness Test with Inventory (USTs)

Tank Construction	
<b>S.</b>	Bare Steel
<b>F.</b>	Fiberglass
<b>FRP.</b>	FRP Clad Steel
<b>C.</b>	Concrete
<b>PE.</b>	Polyethylene
<b>CPSA.</b>	Cathodic Protection Sacrificial Anode
<b>CPIC.</b>	Cathodic Protection - Impressed Current
<b>DWSM.</b>	Double Walled (DW) - Single Material
<b>DWDM.</b>	Double Walled (DW) - Dual Material
<b>DWSL.</b>	(DW) Synthetic Liner in Tank Construction
<b>DW.</b>	(DW) Pipeless UST with Secondary Containment
<b>LINE.</b>	Internal Lining
<b>STI.</b>	STI-P3

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<b>AST Diking</b>	
<b>K.</b>	Concrete, Synthetic Material, clays
<b>Z.</b>	Dirt/Earth
<b>NO.</b>	None

<b>AST Base Construction</b>	
<b>C.</b>	Concrete, Synthetic Material, clays
<b>Z.</b>	Dirt/Earth

<b>Overfill/Spill Protection</b>	
<b>BC.</b>	Ball Check Valve
<b>SC.</b>	Spill Containment Bucket
<b>SO.</b>	Flow Shut-off
<b>TT.</b>	Tight Fill
<b>AL.</b>	Level Gauges, High Level Alarms
<b>OT.</b>	Other EPA/DEP Approved Protection Method
<b>NO.</b>	NONE

<b>Piping Construction Material</b>	
<b>S.</b>	Steel
<b>FBR.</b>	Fiberglass
<b>DW.</b>	Double Walled
<b>SM.</b>	Approved Synthetic Material
<b>EPC.</b>	External Protective Coating
<b>CPA.</b>	C/P with sacrificial anode or impressed current

<b>Piping Leak Detection</b>	
<b>G.</b>	Electronic Line Leak Detector with Flow Shutoff
<b>J.</b>	Interstitial Monitoring - Piping Filter
<b>6.</b>	External Monitoring Mechanical Line Leak Detector
<b>H.</b>	Mechanical Line Leak Detector
<b>K.</b>	Interstitial Monitoring of double wall piping
<b>V.</b>	Suction Pump Check Valve
<b>NO.</b>	NONE

**NOTICE TO 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 ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**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 AUTHORITIES.

**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 IN THE THIRD DEGREE.

**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 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 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, 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 FIVE THOUSAND DOLLARS 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 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 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 TENNESSEE AND 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.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. **THE UNDERSIGNED APPLICANT DECLARES, WARRANTS AND REPRESENTS THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. THE APPLICANT FURTHER DECLARES, WARRANTS AND REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.**

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

**APPLICANT:** \_\_\_\_\_  
(Signature)

**BROKER:** \_\_\_\_\_  
(Firm)

**APPLICANT:** \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Address)

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
(Contact person & telephone #)

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(Signature of broker or agent)

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(License number and state)

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(Tax I.D. #)

Send completed application to:  
**AIG TankGuard<sup>SM</sup> Insurance Program**  
**1700 Market Street, Suite 2000**  
**Philadelphia, PA 19103**

Or you may also **FAX** application to **877.594.6502**  
**If you have any questions you can reach a customer service representative at 215.255.6471 from 8am to 5pm Eastern Time.**