



PLEASE MAIL THIS QUESTIONNAIRE TO:

AIG TankGuardSM Insurance Program
Chamber Insurance Agency Services
100 Executive Drive
West Orange, NJ 07052
Tel: 800-336-2007
Fax: 973-731-2288

STORAGE TANK QUESTIONNAIRE

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

THIS POLICY PROVIDES DEFENSE EXPENSES SEPARATE FROM THE LIMIT OF LIABILITY THAT APPLIES TO LOSS, CORRECTIVE ACTION AND CLEANUP COSTS. NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. Named Insured: _____

Insured's Street Mailing Address: _____

Phone: _____ Fax: _____ E-mail _____

2. Broker Name: _____

Broker's Street Mailing Address: _____

Phone: _____ Fax: _____ E-mail _____

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:

4. Were all tanks new at installation? () Yes () No () Unknown

5. Do any plans exist to remove or replace any tanks within the next year? () Yes () No
If yes, please explain: _____

6. Do you currently have pollution liability insurance coverage for the tanks applied for on this application?
() Yes - EXPIRATION DATE: _____; RETRO DATE: _____, () No
If so, please list below the name of the carrier, expiring premium, expiring deductible, and limits of liability; or attach a copy of your current policy declarations page.

Name of Insurer: _____ Expiring Premium: \$ _____

Retroactive Date: _____ Limits of Liability: \$ _____/\$ _____

Deductible: _____

7. LIMITS DESIRED: (each incident/aggregate)
() \$1 million/\$1 million () \$1 million/\$2 million () \$1 million/\$3 million () \$1 million/\$5 million
() \$2 million/\$2 million () \$5 million/\$5 million () OTHER: _____

DEDUCTIBLE DESIRED: (each incident)
() \$5,000 () \$10,000 () \$25,000 () \$50,000 () \$100,000

For Deductibles above \$25,000, please include your most current audited financial statement.

8. POLICY TERM DESIRED: From _____ To: _____

9. STORAGE TANK & LOCATION SCHEDULE: Copy and attach additional sheets if necessary.

Facility I.D. # _____ Facility Name _____

Facility Address _____

Facility _____ Type _____

Do you (Circle one) **Own** **Operate** **Lease** this facility? If not owned, please name the owner.

STORAGE TANK & LOCATION SCHEDULE (Complete schedule with symbols below)

	1	2	3	4	5
Tank #					
Underground (UST)/Aboveground (AST)					
Install Date Year					
Capacity (Gallons)					
Contents					
Tank Construction Double walled (DW)/ Single walled (SW)					
Tank Construction Material					
Overfill/Spill Protection					
Tank Leak Detection					
AST Diking & Base Construction					
Piping Construction Double walled (DW)/ Single walled (SW)					
Piping Construction Material					
Piping Leak Detection					

Contents

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

Tank Construction/Material

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

Overfill/Spill Protection

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

Tank Leak Detection

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

AST Diking & Base Construction

- K. Concrete, Synthetic, Material, clays
- Z. Dirt/Earth
- NO. None

Piping Construction/Material

- S. Steel
- FBR. Fiberglass
- DW. Double walled
- SM. Approved Synthetic Material
- EPC. Other EPA/DEP Approved Piping Material
- EPC. External Protective Coating
- CPA. C/P with sacrificial anode or impressed current

Piping Leak Detection

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