



**BENCHMARK  
MANAGEMENT  
GROUP**

A STANDARD FOR EXCELLENCE

**PETROLEUM STORAGE TANK POLLUTION LIABILITY  
Application for Claims Made Coverage**

**Named Insured:** \_\_\_\_\_

**Producer:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**Address/Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Anticipated Effective Date:** \_\_\_\_\_

**Retro Date:** \_\_\_\_\_

If we are being asked to maintain the current retro date please attach a copy of the dec page of the policy currently in force, showing the retro date. If various retro dates apply please fill in the dates on the tank data sheets as needed.

**Limits:**      \$ 500,000     \$1,000,000   
                  \$1,000,000     \$2,000,000   
                  \$ 250,000     \$ 500,000     \$1,000,000

**Per pollution incident  
Annual Policy Aggregate  
Defense limit per incident**

- 1) How many years have you been in business? \_\_\_\_ 2) Is business a:  Corporation  Sole Proprietorship  LLC  Other
- 3) At the time this application was signed were you aware of any circumstances which may reasonably be expected to give rise to a claim under any coverage/policy? **No** \_\_\_\_ **Yes** \_\_\_\_ Please Explain:  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Are there any plans to remove any of the tanks listed on the attached tank data sheet(s) in the next 12 months? **No** \_\_\_\_ **Yes** \_\_\_\_  
Please Explain: \_\_\_\_\_  
\_\_\_\_\_
- 5) Are all tanks shown on the tank data sheet(s) operational and in use? **Yes** \_\_\_\_ **No** \_\_\_\_ Please Explain:  
\_\_\_\_\_
- 6) Are your tanks lined steel? **Yes** \_\_\_\_ **No** \_\_\_\_ If yes, please verify the date of the current lining certificate on file at the site  
Date of lining certificate \_\_\_\_/\_\_\_\_/\_\_\_\_ (Regulations require lined tanks to be tested every 10 years.)
- 7) Are your tanks or lines cathodically protected steel (CPS)? **Yes** \_\_\_\_ **No** \_\_\_\_ If yes, please indicate date of current test you have on  
site available for review \_\_\_\_/\_\_\_\_/\_\_\_\_ (Regulations require CPS to be tested every 3 years by a NACE certified tester)
- 8) Has there been any type of environmental incident at any of the sites listed on attached tank data sheets, that has NOT been reported  
to the appropriate federal, state or local environmental agency? **No** \_\_\_\_ **Yes** \_\_\_\_ If yes, Please explain:  
\_\_\_\_\_

**COMMENTS:** Please enter any notes or comments below:

**APPLICANT'S WARRANTY STATEMENT**

The applicant represents that the above statements and attached information are true and correct to the best of their knowledge and that no material or relevant facts have been suppressed or misstated and agrees that the policy if issued, will be issued on the reliance of such representations. Completion of these forms does not bind coverage. Coverage can only be bound by the Company after review of all of the requested information. Any false or misleading information can be grounds for cancellation of coverage.

**Applicant's Signature/Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE LIST SITE AND TANK INFORMATION ON THE ATTACHED TANK DATA SHEET**

## UNDERGROUND TANK DATA SHEET

List below, the tanks at your site(s) including details about removals, closures, temporary closures or new installations and also list changes that have been made to your tanks or piping from the original installation. Use additional sheets if needed.

**SITE #** \_\_\_\_\_ **SITE RETRO** \_\_\_\_\_

**Site Name:** \_\_\_\_\_

**Location Address:** \_\_\_\_\_

<b>CHOOSE DEDUCTIBLE</b>
<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> _____ Other

Do you: Own  Operate  Lease

**Distance from the site to nearest municipal or community well, aquifer or reservoir?** \_\_\_\_\_

**TANK #** \_\_\_\_\_

Tank Construction (Use code) \_\_\_\_\_

Year Installed \_\_\_\_\_

Year Upgraded \_\_\_\_\_

Capacity \_\_\_\_\_

Contents \_\_\_\_\_

Leak Detection (Use code) \_\_\_\_\_

Overfill Prot/Spill Contain. (Yes or no) \_\_\_\_\_

**PIPE/PUMP** \_\_\_\_\_

Pipe Construction (Use Code) \_\_\_\_\_

Year Piping Installed \_\_\_\_\_

Pump Type (Press./Suction) \_\_\_\_\_

Line Leak Detection \_\_\_\_\_

(If Pump Type is Pressurized then Line Leak Detection will be either Electronic or Mechanical. If Pump Type is Suction, then N/A)

**LIST ANY ADDITIONAL INSUREDS THAT APPLY AND THEIR RELATIONSHIP:** \_\_\_\_\_

1) Are all of the tanks listed currently in compliance with federal, state or local environmental regulation? YES \_\_\_\_ NO \_\_\_\_

PLEASE EXPLAIN: \_\_\_\_\_

2) Has this site sustained any type of pollution incident including any leaks, spills, overfills or release of any kind?

YES \_\_\_\_ NO \_\_\_\_ PLEASE EXPLAIN: \_\_\_\_\_

3) Has this site been identified on any federal, state or local environmental agency list due to a confirmed or suspected discharge of pollutants? NO \_\_\_\_ YES \_\_\_\_ If YES, Please give case # \_\_\_\_\_ and attach complete copies of all data, reports and regulatory correspondence.

4) Has any form of subsurface assessment been completed at this facility? No \_\_\_\_ Yes \_\_\_\_ If yes check all that apply:

SOIL SAMPLING       GROUNDWATER SAMPLING       SOIL GAS SAMPLING

5) Was the assessment related to any of the following? (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Property transaction     | <input type="checkbox"/> Inventory shortage       | <input type="checkbox"/> Hydrocarbon release on adjacent property |
| <input type="checkbox"/> Tank removal/replacement | <input type="checkbox"/> Suspected release        | <input type="checkbox"/> Tank-in-place abandonment                |
| <input type="checkbox"/> Failed tightness test    | <input type="checkbox"/> Site environmental audit | <input type="checkbox"/> Risk management                          |
| <input type="checkbox"/> Detected release         | <input type="checkbox"/> Confirmed release        | <input type="checkbox"/> Other (attach additional sheets)         |

## ABOVE GROUND TANK DATA SHEET

List below, the tanks at your site(s) including details about removals, closures, temporary closures or new installations and also list changes that have been made to your tanks or piping from the original installation. Use additional sheets if needed.

**SITE #** \_\_\_\_\_

**Site Name:** \_\_\_\_\_

**Location Address:** \_\_\_\_\_

\_\_\_\_\_

**Product Supplier:** \_\_\_\_\_

<b>CHOOSE DEDUCTIBLE</b>
<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000

**Do you: Own**  **Operate**  **Lease**

<u>TANK #</u>	_____	_____	_____	_____	_____
Capacity	_____	_____	_____	_____	_____
Contents	_____	_____	_____	_____	_____
Year Installed	_____	_____	_____	_____	_____
Tank Construction	_____	_____	_____	_____	_____
Internal Protection	_____	_____	_____	_____	_____
External Protection	_____	_____	_____	_____	_____
Overfill Prevention	_____	_____	_____	_____	_____
Level Detection	_____	_____	_____	_____	_____
Diking Construction	_____	_____	_____	_____	_____
<u>PIPE / PUMP</u>	_____	_____	_____	_____	_____
Pipe Construction (Use Code)	_____	_____	_____	_____	_____
Year Piping Installed	_____	_____	_____	_____	_____
% Underground	_____	_____	_____	_____	_____

LIST ANY ADDITIONAL INSUREDS THAT APPLY AND THEIR RELATIONSHIP: \_\_\_\_\_

- 1) How long have you owned, rented or controlled this site? \_\_\_\_\_
- 2) How long has this site been involved in petroleum storage? \_\_\_\_\_
- 3) Type of operations at this site before your ownership or use? \_\_\_\_\_
- 4) Has this site ever had a product release? NO \_\_\_\_ YES \_\_\_\_ If yes, please explain: \_\_\_\_\_

5) Is this site in compliance with all federal, state and local environmental regulation? YES \_\_\_\_ NO \_\_\_\_ Please explain: \_\_\_\_\_

6) Are tanks operational and in use? YES \_\_\_\_ NO \_\_\_\_

7) Are there any plans to remove or replace tanks in the next 12 months? YES \_\_\_\_ NO \_\_\_\_

## CODE DESCRIPTIONS

### Under/Aboveground Tank Product Codes

PREM	Premium unleaded
MUL	Mid grade unleaded
UL	Regular unleaded
DSL	Diesel
K1	Kerosene
FO	Fuel Oil
Other	Refer to Site Schedule

### Aboveground Pipe Construction Codes

FRP	Fiberglass
FCS	Fiberglass coated steel
CPS	Cathodically protected steel
GV	Galvanized Steel
COP	Copper
Other	Describe

### Underground Tank Leak Detection Codes

ATG or AUTO	Automatic Tank Gauging
INT	Interstitial Monitoring (double wall only)
AGM	Automatic Groundwater Monitoring
AVM	Automatic Vapor Monitoring
SIR	Statistical Inventory Reconciliation
MIC	Manual Inventory Control
TTT or Test	Tank Tightness Testing

### Underground Tank Construction Codes

FRP	Fiberglass
FLS	Fiberglass lined steel
FCS	Fiberglass coated steel
CPS	Cathodically protected steel
STIP3	Steel Tank Institute
OTHER	Refer to Site Schedule

### Aboveground Tank Leak Detection Codes

FRP	Fiberglass
WS	Welded Steel
BS	Bare Steel
SS	Stainless Steel
PL	Plastic (PVC, ABS etc)
BI	Black Iron
EWS	Epoxy wrapped steel

### Underground Pipe Construction Codes

FRP	Fiberglass
FCS	Fiberglass Coated Steel
FLX	Flexible
CPS	Cathodically Protected Steel
OTHER	Refer to site schedule

### Above Ground Tank Overfill Protection Codes

AUTO	Automatic Shut off
ALARM	Audible/Visual Alarm
OTHER	Describe

### Diking Construction Codes

CB	Concrete Block
PC	Poured Concrete
EARTH	Earthen
LINER	Mfg. Membrane Liner
OTHER	Describe

### Aboveground tanks Internal and External Protection Codes

Internal - EL	Epoxy Lined	External – PNT	Painted
- Other	Refer to site schedule	- SAC	Sacrificial Anode
		- IMP	Impressed Current
		- Other	Refer to site schedule

### Pump Type

PRESS	Pressurized
SUC	Suction

### Line Leak Detection Code

If pressurized :	ELLD	Electronic	MLLD	Mechanical
If Suction:	None			

## Flexible Piping Failure Prevention Checklist

The Underground storage tank industry has seen failures in double-walled flexible pipe systems increase significantly since 1995. Fortunately, many failures can be prevented by regularly inspecting and repairing the piping, leak detection and containment systems.

As part of the underwriting process we ask you to closely inspect your piping system at this time and continue to periodically perform this inspection.

**This could prevent you costly repairs and down time!**

Site Address: \_\_\_\_\_

Date/Initial

\_\_\_\_\_ I have inspected the automatic line leak detectors and they are functioning properly.

\_\_\_\_\_ I have inspected the secondary containment sumps and they are free of fuel, sheen, or strong odor.

\_\_\_\_\_ I have inspected the piping in the sump and they are not sticky, deformed, kinked, cracked, swollen or stretched.

\_\_\_\_\_ I have checked the secondary jacket of coaxial piping for signs of swelling or growth of the secondary jacket over the coupling ferrules. On coaxial systems where "test boots" are installed on the ferrules, the boots may appear compressed or swollen as a result of jacket growth.

\_\_\_\_\_ I have inspected the sensors and alarms and all are working properly.

Note any problems or equipment not performing properly:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date