

Application for Storage Tank Policy

Instructions:

- This form must be dated and signed by a principal of your Company.
- Answer all questions completely.
- Please provide supporting information on a separate sheet and reference the applicable question number. Any supporting information is considered part of this application and is subject to the same terms and conditions.
- Send Completed Application along with any required documentation to Environmental@lionsgateuw.com.

General Information

1. Submission Date _____ Submitted by _____
 Effective Date _____ Expiration Date _____

2. Coverage Details

Coverage	Insuring Agreement	Each Storage Tank Incident Limit	Coverage Aggregate Limit	Deductible
A.	Third Party Bodily Injury and Property Damage			
B.	Corrective Action Costs			
C.	Defense Expense			

3. Location Schedule - Please provide complete address for each location where coverage is being requested for a storage tank.

Coverage	Street Address	City	Province	Post Code
1.				
2.				
3.				
4.				

4. Aboveground Storage Tank Schedule - Please complete table below for each aboveground storage tank which is being requested for coverage.

Location #	Aboveground Storage Tank(s)					Pipe(s)							
	Install Year	Const.	Capacity	Contents	Leak Detection		Secondary Containment		Retroactive Date on Existing Policy	Line Const.	Year Install	Leak Detection	
					Yes	No	Yes	No				Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

General Information *Continued*

5. Underground Storage Tank Schedule - Please complete table below for each aboveground storage tank which is being requested for coverage.

Underground Storage Tank(s)							Pipe(s)			
Location #	Install Year	Const.	Capacity	Contents	Type of Leak Detection ¹	Retroactive Date on Existing Policy	Line Const.	Year Install	Leak Detection	
									Yes	No
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>



Type of Leak Detection¹ Please list: Interstitial Monitoring – IM; Automatic Tank Gauging – ATG; Vapor Monitoring – VM; Groundwater Monitoring – GM; Statistical Inventory Reconciliation – SIR; Continuous In-tank Leak Detection – CILD; Manual Tank Gauging - MTG, Other – 0 (*please list*).

Questions

	Yes	No
6. Is the prospective insured the owner or operator of all storage tanks for which this application for insurance is being made?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are all storage tanks listed above registered?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all storage tanks listed above in compliance with all applicable Statutes, Standards, or other City, Provincial and Federal regulations?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will any of the storage tanks listed above be removed, replaced, repaired, upgraded or modified in any way during the next two (2) years?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have any storage tanks been removed, closed in place or otherwise taken out of service at any of the locations listed above?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have there been, or are there any fines, penalties or legal actions currently pending against the prospective insured, including Municipal, Provincial, Federal or any other compliance order, associated with any storage tank listed above?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have there been or are there any spills, leaks or releases associated with any storage tank listed above?	<input type="checkbox"/>	<input type="checkbox"/>
13. Within the last five (5) years, has have any of the prospective insureds been the subject of any proceeding related to bankruptcy, receivership, and/or insolvency?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do any of the prospective insureds intend to commence or know of any plan or threat to commence any proceeding relating to bankruptcy, receivership and/or insolvency?	<input type="checkbox"/>	<input type="checkbox"/>
15. As of today, is the prospective insured aware of any circumstances which could give rise to a pollution incident with regard to any storage tank for which this application for insurance is being made?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have any claims been made or legal actions (<i>including regulatory actions</i>) been brought against any prospective Insureds with regard to any storage tank for which this application for insurance is being made?	<input type="checkbox"/>	<input type="checkbox"/>

Questions Continued

	Yes	No
17. Within the last five (5) years, have any of the prospective Insureds been involved in any pollution incidents associated with the locations listed above?	<input type="checkbox"/>	<input type="checkbox"/>
18. At the time of signing this application, are the prospective Insureds aware of any circumstances that may reasonably be expected to give rise to a claim against any insured or otherwise generate a request for coverage under this Policy?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If the answer to question, 15., 16., 17., or 18. above was yes, please provide a description of the circumstance or claim (<i>detail the actual or alleged incident, location, date, type of injury and/or damage, etc.</i>). In addition, provide information as to what actions have been taken by the proposed insured(s) to mitigate or avoid a similar loss from occurring again.</p>		

Warranty, Authorized Signature and Continuing Duty to Update

The undersigned is an authorized representative of the prospective First Named Insured, and acknowledges that the information provided with the Application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to Great American and made a part of this application:

1. Will be relied upon by Great American Insurance Companies in determining the acceptability of the prospective Insureds and the premium amount to be charged;
2. Are true, accurate and complete; and
3. Will be considered an integral part of any resultant insurance contract.

The undersigned further agrees that the prospective Named Insured(s) has a continuing duty, through date of policy inception, to update this Application, including all supplements, attachments and replies to underwriter inquiries.

Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required before the applicant may be bound and a policy issued.

Signature of Authorized Applicant _____

Print Name _____ **Date** _____

Title _____

Signature of Broker/Agent _____

Print Name _____ **Date** _____

Signed by Licensed Resident Agent _____

(Where Required By Law)