



**ABOVE-GROUND STORAGE TANK SUPPLEMENT**  
**(To be attached to the Site Specific Pollution Legal Liability Application)**

**NOTE: This Supplement must include all Above-ground storage tanks containing a volume of 1,000 gallons or more.**

**This supplement forms a part of the application to which it is attached.**

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

**Applicant:** \_\_\_\_\_

<p>Were all tanks listed on the following schedule new at the time of installation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please provide details regarding the date manufactured and any upgrades or changes made to the tank(s) since the date manufactured.</p>
<p>Does any location for which insurance is being sought have a total storage capacity in excess of 100,000 gallons (i.e. Tank farm?) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are any tanks listed on the following schedule subject to a Spill Prevention, Control and Countermeasure (SPCC) Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please attach a copy.</p>
<p>Have any repairs or upgrades (including relining) been performed within the past ten years for any tank listed on the following schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details as to the repairs or upgrades performed.</p>
<p>Are there any plans to upgrade or remove any of the tanks listed on the following schedule within the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details as to the plans for removal or upgrading.</p>
<p>Are all pipes associated with the tanks listed on the following schedule aboveground? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please provide dates of most recent below ground piping tightness tests.</p>

**Please complete the following schedule for each location for which coverage is being sought.**



ROCKHILL  
INSURANCE COMPANY

Applicant: \_\_\_\_\_

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

Facility Name: \_\_\_\_\_

\_\_\_\_\_

Facility ID#: \_\_\_\_\_

**Above Ground Storage Tank Schedule**

Tank ID #	Capacity (Gallons)	Date Installed	Construction (1)	Contents (2)	Testing (3)	Secondary Containment (4) and capacity % (please note if no secondary containment is in place)	Is the tank lined?	Date last tested	Active and In Use? Yes/No

**(1) Tank Piping / Construction Materials**

**MET** = Steel or other metal  
**FB/S** = Fiberglass or synthetic  
**OTHER** = Other (please specify)

**(2) Contents**

**GAS** = Gasoline  
**SOLV** = Solvents  
**WO** = Waste Oil  
**DIESEL** = Diesel Fuel  
**JET** = Jet Fuel  
**CAUST** = Caustics  
**OTHER** = Other (please specify)

**(3) Testing**

**HYDRO** = Hydrostatic testing  
**RADIO** = Radiographic testing  
**ULTRA** = Ultrasound testing  
**OTHER** = Other (please specify)

**(4) Secondary Containment**

**EARTH** = Earthen Berm  
**CONCR** = Concrete Berm  
**DOUBLE** = Double-walled tank  
**PAN** = Pan Containment  
**OTHER** = Other (please specify)