



ABOVE GROUND STORAGE TANK SUPPLEMENT APPLICATION

ABOVE-GROUND STORAGE TANK SUPPLEMENT (ATTACH TO POLLUTION LIABILITY FORM)

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: _____

Were all tanks listed on the following schedule new at the time of installation? Yes No

If no, please provide details regarding the date manufactured and any upgrades or changes made to the tank(s) since the date manufactured.

Does any location for which insurance is being sought have a total storage capacity in excess of 100,000 gallons (i.e. tank farm)? Yes No

Are any tanks listed on the following schedule subject to a Spill Prevention, Control and Countermeasure (SPCC) Plan?
 Yes No

If yes, please attach a copy.

Have any repairs or upgrades (including reclining) been performed within the last ten years for any tank listed on the following schedule? Yes No

If yes, please provide details as to the repairs or upgrades performed.

Are there any plans to upgrade or remove any of the tanks listed on the following schedule within the next 12 months?
 Yes No

If yes, please provide details as to the plans for removal or upgrading.

Are all pipes associated with the tanks listed on the following schedule aboveground?

Yes No

If no, please provide dates of most recent below ground piping tightness tests.

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

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)