



UNDERGROUND STORAGE TANK SUPPLEMENT

(To be attached to the Site Specific Pollution Legal Liability Application)

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please provide details regarding the date manufactured and any upgrades or changes made to the tank(s) since the date manufactured.
Are any tanks listed on the following schedule subject to state or federal financial assurance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are these tanks covered by a separate insurance policy or other mechanism to satisfy such requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
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
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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details as to the plans for removal or upgrading.
Are there any tanks not listed on the following schedule present at any location for which insurance is being sought? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details including the number, type and contents of tanks not listed.
Are all tanks listed on the following schedule in compliance with all relevant Federal, State and Local Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have any tanks listed in the schedule below failed any integrity tests? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach complete details.

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

Applicant: _____

Address: _____

Facility Name: _____

Facility ID#: _____

Underground Storage Tank Schedule

Tank ID #	Capacity (Gallons)	Date Installed	Construction (1)	Contents (2)	Leak Detection (3)	Piping Construction(4)	Has the tank ever been relined? (Y/N)	Date last tested	Active and In Use? Yes/No

(1) Tank Construction Materials

D/W = Double Wall
FCS = Fiberglass or plastic coated steel
STI = STI-P3
FRP = Fiberglass Reinforced Plastic
CP/S = Cathodically Protected Steel
STEEL = Bare Steel
OTHER = Other (Please Specify)

(2) Contents

REG = Regular Gasoline
UNL = Unleaded Gasoline
WO = Waste Oil
DIESEL = Diesel Fuel
HEAT = Heating Oil
KERO = Kerosene
OTHER = Other (Please specify)

(3) Leak Detection

AUTO = Automatic Monitoring
SOIL = Vapor Well
I/M = Interstitial Monitoring
G/W = Groundwater Monitoring
TIGHT = Tightness Tests
SIR = Statistical Inventory Rec.
MANU = Manual gauging/sticking

(4) Piping Construction

FIB = Fiberglass
DW = Double Wall
CP/S = Cathodically Protected Steel
STEEL = Bare Steel
FRP = Fiberglass Reinforced Plastic