

DEALER & REPAIR POLLUTION LIABILITY INSURANCE APPLICATION

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This is an application for a **CLAIMS-MADE** insurance policy covering Third-Party Liability and First Party Cleanup Costs resulting from pollution events and releases from scheduled locations and scheduled storage tank systems. Please complete one form per location.

Named Insured _____ Location Name _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Phone _____ Fax _____
Contact _____ E-mail _____ Contact _____ E-mail _____
FEIN/SSN _____

1. **Has there ever been a discharge, dispersal, release, escape, spill or leak of any solid, liquid, gaseous or thermal irritant, contaminant or pollutants at the scheduled location to the best of your knowledge?** Yes No

If "Yes," please attach a detailed description of all past discharges, dispersals, releases, escapes, spills or leaks at the scheduled locations. If remediation has been completed, please provide a case closure letter from the state regulator agency or your environmental consultant. If cleanup is not yet complete, please provide the following information from your latest environmental engineering report: cover page, executive summary, conclusions, and a site diagram detailing the contamination at the site.

2. How many employees work at this location who do repair work at least part of the day? _____
3. What are your annual equipment rental receipts? _____
4. What types of service are performed at this location? (Please circle all that apply.)
body work paint work repair service vehicle prep work vehicle washing part sales sales storage
5. Who transports wastes generated by your facility? (Please list name and address.) _____

6. Where is waste generated by your facility disposed? (Please list name and address to be scheduled on the policy for coverage.)

7. Have you ever disposed of waste on site? Yes No
8. Please describe any work or operations your company does which is not at your location (off-site work or operations).

9. What is your procedure for cleaning the floor of your service bays? _____
10. How many years has repair work been done at this location? _____

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11. Do you have any storage tanks that can hold more than 110 gallons at this location? (Yes (No (If yes, please complete the storage tank schedule. **If no, please skip the storage tank schedule.**)

Tank #			
Does the tank meet current EPA compliance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there plans to remove the tank?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
What is the original tank install date?			
What is the tank reline or impressed current install date (if applicable)?			
What is the tank construction? (Please see codes on Page 3.)			
Is the tank single or double wall construction?	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW
What is the capacity of the tank?			
What is the contents of tank?			
Do you have overfill protection? (If yes, please describe.)			
What is the position of the tank (underground—UST or above ground—AST)?	<input type="checkbox"/> UST <input type="checkbox"/> AST	<input type="checkbox"/> UST <input type="checkbox"/> AST	<input type="checkbox"/> UST <input type="checkbox"/> AST
What is the diking construction for AST/What is the base construction for AST? (Please see codes on Page 3.)	<input type="checkbox"/> Diking <input type="checkbox"/> Base	<input type="checkbox"/> Diking <input type="checkbox"/> Base	<input type="checkbox"/> Diking <input type="checkbox"/> Base
What is the piping construction?			
What type(s) of leak detection system(s) is used? (See descriptions—please list all.)			

****PLEASE NOTE:** Tightness test documentation is required for **UNDERGROUND** tanks that: 1) are 10 years or older, and; 2) do NOT have an Automatic Leak Detection System (e.g. Veeder Root). Test must show passing results and be within the last three (3) years.

TANK SCHEDULE GUIDE

CONSTRUCTION

FRP—Fiberglass Reinforced Plastic
STI-P3
FCS—Fiberglass Clad Steel
Steel—Bare
Steel—Cathodic Protection or Interior Lined
Fiberglass
Other (Please Specify)

CONTENTS

Unleaded Gasoline
Diesel
Kerosene
Fuel Oil
Waste Oil
Unleaded/Diesel (Compartmentalized)
Other (Please Specify)

LEAK DETECTION METHOD

Automatic Leak Detection
Ground Water Monitoring
Soil Vapor Monitoring
Interstitial Monitoring
Manual Tank Gauging (sticking) inventory
SIR—Statistical Inventory Reconciliation
Simplicity®
Electronic Line Lake Detection
Other (Please Specify)

DIKING/BASE CONSTRUCTION (AST)

1. Earthen
2. Steel
3. Sand
4. Concrete
5. None
6. Other (Please Specify)

12. Are there any additional tanks that hold more than 110 gallons at this location which are not listed on this application, to the best of your knowledge?

() Yes () No If yes, please describe them on the line below. (Please be advised that all of the tanks at a location must be insured in order for coverage to be provided. If known tanks at a location are not listed on the application, this will void coverage in the event of a claim.)

Remarks: _____

PLEASE INDICATE THE FOLLOWING:

- 1) Policy Limits: \$500,000/1,000,000 \$1,000,000/1,000,000 \$1,000,000/2,000,000
Other \$ _____ / _____
- 2) Deductible Level: \$5,000 \$10,000 \$25,000
 Other \$ _____ To obtain a higher deductible, please include copies of audited financial statements for the last 2 years.
- 3) Retroactive Date: _____ Policy Inception If other, specify date:
To obtain this retroactive coverage, please provide copies of prior carrier policies for the corresponding time period.

PLEASE PROVIDE BROKERAGE/AGENCY INFORMATION IF APPLICABLE

PLEASE PROVIDE BROKERAGE/AGENCY INFORMATION

Insurance Agency _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ E-Mail _____
Contact Person _____

The applicant represents that all statements in this application, including the attached tank schedule(s), are true and correct to the best of their knowledge and that no material or relevant facts have been suppressed or mis-stated and agrees that the policy, if issued, will be issued on the reliance of such representations. The applicant represents that due diligence has been conducted to know of the information listed on this application.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer submits and application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000, and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such persons to criminal and civil penalties.

All Other States: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.

Date _____ Applicant's Signature _____ Title _____