

# Legends

ENVIRONMENTAL INSURANCE SERVICES, LLC.

2165 N. Glassell Street Orange, CA 92865

Office: 800-992-6999 Fax: 800-999-3987

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Entity:  Corporation  Individual  Partnership  LLC  Other

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Current UST Insurance Co. \_\_\_\_\_

Premium: \_\_\_\_\_ Renewal Date: \_\_\_\_\_ Retro Date(s): \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance Agency Address: \_\_\_\_\_

Limits Requested:  1Mil/1Mil  1Mil/2Mil  2Mil/2Mil  Other: \_\_\_\_\_

Deductible Requested:  5,000  10,000  15,000  20,000  25,000  50,000  Other: \_\_\_\_\_

Are **ALL** tanks in compliance with current EPA regulations?  Yes  No  
If "No", please provide full details

Do you own the tanks?  Yes  No  
If "No", please provide full details

Are there any plans to close, remove or upgrade any tanks in the next 18 months?  Yes  No  
If "Yes", please provide full details

Any changes, upgrades or modification to any tank(s) or site(s) in the last year?  Yes  No  
If "Yes", please provide full details

Have any of the tanks/sites being considered ever had any leaks/spills?  Yes  No  
If "Yes", please provide full details

Have any of the sites being considered had any remediation/removal or cleanup?  Yes  No  
If "Yes", please provide full details

Are there any additional Insured's?  Yes  No  
If "Yes", please provide full details

At the time of signing this application, are you aware of an circumstances which may reasonably be expected to give rise to a claim under this policy?  Yes  No  
If "Yes", please provide full details

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<b>Tank Information</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Check if Above Ground</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contents					
Date Installed					
Capacity (Gallons)					

\*Attach lining certification. This is required to receive credit for tank lining.

<b>Check if Double Walled</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Tank Construction</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STIP-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Clad Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Lined*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Lined:	_____				

<b>Tank Protection</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painted/Coated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Diking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earthen Diking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel Diking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaulted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Tank Leak Detection</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Tank Gauge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipstick Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater/Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill/Overfill Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Date of Last Tightness Test: \_\_\_\_\_ Please attach a copy of the certificate.

Check if Double Walled

                                                                                      

Piping Information

1                      2                      3                      4                      5

Piping Install Date

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% Aboveground

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Piping Construction

Steel

                                                                                      

Fiberglass/Flexible

                                                                                      

Pipe Protection

None

                                                                                      

Cathodic Protection

                                                                                      

Other

                                                                                      

Pipe Leak Detection

None

                                                                                      

Electronic

                                                                                      

Interstitial

                                                                                      

Other

                                                                                      

Dispenser Method

Suction

                                                                                      

Pressure

                                                                                      

Gravity

                                                                                      

The applicant represents that the above statements are true and correct to the best of their knowledge and that no material or relevant facts have been suppressed or misstated and agrees that the policy, if issued will be issued on the reliance of such representations.

Applicant/Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_