



Renewal Application for Storage Tank Pollution Liability Coverage
(THIS IS A CLAIMS MADE POLICY)

Named Insured:			
Business (dba) Name:			
Mailing Address:			
Facility's Physical Address:			
County of the Facility:		State ID Number:	
Expiring Policy Number:		Expiration Date:	
Name of Contact:		Business Phone No.:	
Form of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> L.L.C. <input type="checkbox"/> Other: _____			

General Information *(Please attach an explanation for any YES questions 2-7)*

- | | |
|---|--|
| 1. How many storage tanks are located at this facility? ** | ___UST ___AST |
| 2. In the past 12 months, have any underground or above ground storage tanks been added to or removed from this facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. In the past 12 months, have any repairs or upgrades been performed on the storage tank systems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you have any plans to replace or upgrade the tanks at this facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. In the past 12 months, have any storage tanks been temporarily closed, taken out of service or made inactive? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you leased, sold or re-financed the operation within the last 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Has your license to operate been suspended, revoked or withdrawn during the last 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Inventory Control & Leak Detection *(Please attach an explanation for any NO questions 8-10)*

- | | |
|--|--|
| 8. Is inventory control performed daily? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are all of the monthly overages within allowable ranges? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. In addition to daily inventory control, is monthly monitoring (leak detection) performed on the storage tanks? Monthly leak detection methods include auto tank gauging, statistical inventory reconciliation & monitoring of wells. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Releases, Potential Claims & Compliance *(Please attach an explanation for YES questions 11-12 or NO question 13)*

- | | |
|--|--|
| 11. In the past 12 months, has this facility experienced a leak, spill, release or discharge of petroleum? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. At the time of signing this application are you aware of any circumstances which may reasonably be expected to give rise to a claim under this policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. To the best of your knowledge, are you in compliance with all federal, state and local health and environmental regulations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I certify that the statements set forth in this application are correct. If any information supplied on this application should change between the date of this application and the inception date of the policy period, i will immediately notify the insurer of such change. I agree that this application shall be deemed to be attached to and made part of the policy, if issued, as if physically attached to the policy. I also understand that any misrepresentation of information contained in this application could result in the policy being voided. I understand that the company will rely on the information i have provided in this application as the basis for deciding whether an insurance policy will be issued.

*Any person who knowingly 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 may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

*not applicable in all states

Insured's Signature: _____ Date: _____
 Print Name: _____ Title: _____

**UST = Underground Storage Tank AST = Above Ground Storage Tank

- . A full new business application is required every three years. This can be found at www.colonyins.com.
- . If any change in ownership has occurred, a full new business application is required. This can be found at www.colonyins.com.