



Claims Made Tank Owner's Electronic Application

Policy No. _____ Effective Date _____ Expiration Date _____

Today's Date _____ Submitted by _____

Agency Code _____ Agency Name _____

Insured Name _____

DBA _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Description of Operations _____ State of Operation _____

Legal Entity _____ Years Owning/Operator _____ Payment Plan _____

Questions	Y/N	Questions	Y/N
1. Does the insured operate any tanks not registered with the state and are subject to registration under the Natural Resources Conservation Commission regulations?		2. Are there, or have there been, any hazardous, toxic, or regulated substances stored at any site for which application for insurance is being made other than: Gasoline, Diesel Fuel, Motor Oil, or Kerosene?	
3. Does the insured have any tanks within 10 miles from any coast?		4. Does the insured have more than 2 years of owning or operating UST exposures?	
5. Have there been, or are there any fines, penalties, or legal actions currently pending against the insured, including state, federal, or any other compliance order or any pollution incident?		6. Are the tanks that will be listed in this application in compliance with regulations set forth by the United States EPA and any state agency with responsibility for protection of its environment or authority to implement the regulations for protecting its environment?	
7. Has any officer, owner, or partner of the company been convicted of a felony?			
8. As of today, is the insured aware of any circumstances which could give rise to a pollution incident with regard to any site for which application for insurance is being made?		9. Has the insured had any insurance for third-party pollution liability declined, cancelled or non-renewed?	
10. Does the insured have any tank(s) that were not previously insured, excluding newly installed tank(s)?		11. Does the insured own or operate Skid Tanks?	
12. Are there, or will there be, any tanks(s) in which the insured will not be the owner or operator?		13. Does the insured own or operate any Bulk Storage tank(s)?	

Additional Notes for your Underwriter:

LIMITS OF INSURANCE		
Liability & Site Clean-Up (Coverage A and B)	\$	Pollution Incident
	\$	Annual Aggregate
Repair of Storage Tank System(s) (Coverage C)	\$	Pollution Incident

Location Schedule

Loc. #	Facility ID	Location Description	Deductible	Retro Date
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Tank Schedule: See Supplemental

Coverage	Exposure	Premium
Total Premium		

LOSS HISTORY	Check if none	(Attach Loss Summary for Additional Loss Information)				
Enter all claims of losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the last <u>3</u> years.						
Date of Loss	Line	Type / Description of Loss	Amount Paid	Amount Reserved	Subrogation Y / N	Claim Open Y / N

Completion

NOTICE OF INSURANCE INFORMATION PRACTICES. In connection with this application for insurance (and subsequent policy renewals), your personal information may be collected from persons other than you and without your authorization (e.g., credit reports). You have the right to review your personal information in our files and may request correction of any inaccuracies contained therein. A more detailed description of your rights and our practices regarding such information will be available upon request and you may contact your agent or broker for instructions regarding how to submit this request to us.

Any person who knowingly files an application for insurance or a statement of claim with materially false information with the intent to defraud an insurance company or another person is committing a fraudulent insurance act. Moreover, any person who has concealed material facts for the purpose of providing misleading information is also committing a fraudulent insurance act. These acts are crimes and subjects the person to criminal and [NY:substantial] civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OR, or VT; in DC, LA, ME, TN, VA and WA insurance benefits may also be denied). In Florida, it is a third degree felony to knowingly file a statement of claim or any application containing false, incomplete, or misleading information with the intent to injure, defraud and/or deceive any insurer.

The undersigned is an authorized representative of the applicant and acknowledges that reasonably inquiry has been made to obtain the information on this application. He/she acknowledges that the answers are true, correct and complete to the best of his/her knowledge.

Producer's Signature

Producer's Name

Applicant's Signature (Owner, Officer, or Authorized Mgr)

Date



MID-CONTINENT GROUP

Mid-Continent Casualty ▲ Mid-Continent Assurance ▲ Oklahoma Surety ▲ Mid-Continent Excess & Surplus Lines

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Tankowner Site Supplemental Application

Use one page per tankowner site.

Site No./FCID:	Site Location/Address:	Deductible:	Retroactive Date:

No:	Type:	Tank(s):						Pipe(s):			AST/ UST
		Const:	Year Install	Capacity:	Product:	Leak Detect	Spill Contain	Line Const.	Year Install	Leak Detect	

Key:

Number: Tank Number.

Type: In Use (IU), Temporarily Out of Use (TOU), or Permanently Out of Use (POU).

Tank Construction: Steel with Cathodic Protection (SCP), Fiberglass (FBGL), Steel with Cathodic Protection and Wrap (SCP+), Composite/Steel w/Fiberglass/Steel with Nonmetallic Jacket (SNCM), or Other (O).

Product: Unleaded (UNL), Super Unleaded (SUNL), Midgrade (MG), Diesel (DSL), or Other (O).

Leak Detection: Interstitial Monitoring (IM), Automatic Tank Gauging (ATG), Vapor Monitoring (VM), Groundwater Monitoring (GM), Statistical Inventory Reconciliation (SIR) or Other (O).

Spill Containment: Yes (Y) or No (N).

Piping Construction: Steel with Cathodic Protection (SCP), Reinforced Fiberglass (RF), or Other (O).

AST/UST: Aboveground Tank (AST) or Underground Storage Tank (UST).