



TANK INSURANCE

APPLICATION FOR COVERAGE TO MEET UST FINANCIAL RESPONSIBILITY REQUIREMENTS

Insurance coverage issued by Petroleum Marketers Management Insurance Company is subject to completion of the required written application, applicable underwriting criteria and payment of the annual premiums. Tanks must meet Federal Technical Standards for upgrades or new tanks in order to be eligible to obtain the insurance coverage.

**Please return this completed document to: PMMIC
2894 – 106th Street, PO Box 7628
Urbandale, IA 50323
pmmic-us-underwriting@pmmic.com**

If you have any questions regarding this application, please contact us at: (515) 334-3001 (phone)
(515) 334-3013 (fax)
(800) 942-1000 (toll-free)

APPLICANT INFORMATION

Named Insured _____ Business Phone (_____) _____

Contact Name _____ Business Phone & Extension (_____) _____

Best Contact Information: Mobile (_____) _____ E-mail Address _____

Mailing Address _____

Mailing City _____ State _____ Zip _____

Legal Entity of Site Owner: Sole Proprietor _____ Corporation _____ Partnership _____ Governmental _____

Social Security for Sole Proprietor or Federal Tax ID Number for all other legal entities _____

ADDITIONAL INSUREDS (provide documentation of insurable interest; i.e., lease papers, mortgage papers, etc.)

If needed, provide a separate listing of other additional insureds using the same format below.

Name of Additional Insured _____

Land Owner _____ Tank Owner _____ Operator _____ Other (specify) _____

Mailing Address _____

Mailing City _____ State _____ Zip _____

GENERAL INFORMATION

1. Desired deductible amount: \$10,000 _____ \$25,000 _____
2. Desired limits: \$1M Occurrence/ \$1M Aggregate _____ \$1M Occurrence/ \$2 M Aggregate _____
3. Number of sites included on this application: _____
4. Desired effective date of coverage: _____ Expiration date of current policy: _____
5. Do you have any plans to sell any PMMIC insured facilities during the policy period? Yes _____ No _____
6. Do you plan to remove, replace, repair, temporarily, or permanently close any existing tank system(s) or install any other petroleum storage equipment at any listed facilities on this application in the next 14 months?
Yes _____ No _____
 - a. If yes, please explain _____
7. Do you own/operate other petroleum facilities not included in this application? Yes _____ No _____
 - a. If yes, please provide information _____
8. Is any owner, operator, affiliate, or any of the facilities listed on this application subject to enforcement action by any regulatory agency in the United States, for any violation of petroleum storage tank technical requirements or environmental regulations? Yes _____ No _____
 - a. If yes, provide a copy of the regulator "notice of violation" letter.
9. Are there any other USTs or ASTs on the site that are not listed on the application? Yes _____ No _____
10. Are there any temporarily closed tanks at any of the sites? Yes _____ No _____
 - a. If yes, how many are temp closed? _____ Indicate on facility tank schedule.
11. Are you aware of any contamination at any site? Yes _____ No _____
 - a. If yes, please provide information _____
12. Are you presently involved in or are you planning to do a "clean up"? Yes _____ No _____
 - a. If "Yes", LUST # _____
 - b. Please describe the work planned or completed _____

SITE INFORMATION – Complete the following form for each location.

State Registration Number _____

Site Name _____

Site Address _____

Site City _____ State _____ Zip _____

Site County _____

1. What is the insurable interest of the applicant at this site?
 Facility Owner ____ Land Owner ____ Tank Owner ____ Operator ____ Other (specify) _____
2. How many dispensers do you have on site? _____

TANK SCHEDULE - LIST ALL UNDERGROUND STORAGE TANKS AND PIPING LOCATED AT FACILITY

TANK INFORMATION	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5
Date of Installation (month/year)					
Tank Capacity and Contents (e.g. 1,000 UL) List each compartment as a tank.					
What material is each tank made of? (Steel, Clad Steel, Fiberglass)					
Is the tank double-walled? (Yes or No)					
Is the tank lined? (Yes or No) If yes, provide a copy of the lining certificate.					
Is the tank cathodically protected? (Yes or No) If yes, Impressed Current or Sacrificial Anodes: _____					
TANK LEAK DETECTION INFORMATION	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5
For each <u>tank</u> , please list your primary leak detection method (ATG, SIR, SCIM)					
OVERFILL PREVENTION EQUIPMENT INFORMATION	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5
What type of overfill prevention equipment is installed? (Auto Shutoff, Alarm or Ball Float)					
PIPING INFORMATION	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5
What material is the piping made of? (Steel, Fiberglass, Flex Pipe)					
Is the product piping double-walled? (Yes or No)					
If Steel, is the piping cathodically protected? (Yes or No) If yes, Impressed Current or Sacrificial Anodes: _____					
Has piping been replaced? (Yes or No) If yes, indicate approximate date: _____					
LINE LEAK DETECTION INFORMATION	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5
For each line, please list your primary leak detection method (ATG, Annual Line Test [LTT], Interstice Monitoring [IM])					
Is the piping "pressurized" or "suction"? If pressurized, are the leak detectors mechanical (M) or electronic (E): _____					

THE FOREGOING INFORMATION IS PROVIDED AS AN INDUCEMENT TO MEET FINANCIAL RESPONSIBILITY REQUIREMENT AS DEFINED BY THE FEDERAL EPA. ANY FALSE OR MISLEADING INFORMATION CAN BE GROUNDS FOR CANCELLATION OF COVERAGE.

I AM IN COMPLIANCE WITH STATE AND FEDERAL UST REGULATIONS AS IT PERTAINS TO THE FACILITY LISTED ON THE APPLICATION.

APPLICANT'S SIGNATURE _____ TITLE _____ DATE _____

APPLICANT'S PRINTED NAME _____

PRODUCER INFORMATION

Name _____ License # _____

Company _____

Mailing Address _____

Mailing City _____ State _____ Zip _____

AGENT'S SIGNATURE _____ DATE _____