

## TankAdvantage Pollution Liability Insurance

E-mail: [Tanks@berkleyenvironmental.com](mailto:Tanks@berkleyenvironmental.com) Fax: (888) 201-8109

This **Renewal Application** is for a policy providing coverage on a claims made and reported basis. Payment of defense costs may erode the limits of liability depending upon the coverage listed and provided in the Declarations.

Instructions	
<ul style="list-style-type: none"> <li>Please print clearly or type.</li> <li>Answer all questions completely.</li> <li>If any question(s) does not apply, enter "N/A" in the space provided.</li> </ul>	<ul style="list-style-type: none"> <li>If additional space is needed to answer any question, attach details on a separate sheet using the first Named Insured's letterhead and reference the applicable section number.</li> <li>This application must be signed and dated by an authorized Owner, Principal, Partner, Director or Risk Manager of the first Named Insured.</li> </ul>
Please submit the following information in addition to this application.	
Any environmental surveys; assessments; audits; storage tank inspections performed at any of the locations to be considered.	Recent storage tank testing records for the tanks and lines.
Any maintenance records for the locations and or storage tank systems.	If requesting a retention amount greater than \$25,000, submit the past two years of complete financial statements.

<b>Named Insured:</b>			
<b>Telephone Number:</b>		<b>Fax Number:</b>	
<b>FEIN:</b>		<b>Email:</b>	
<b>Expiring Policy Number:</b>		<b>Policy Expiration Date:</b>	

Yes	No	Location and Storage Tank System(s)
		1. Are there any new location(s) and/or storage tank system(s) that need to be added to your policy? If Yes, complete and submit a new Berkley TankAdvantage Application for the new location(s) and/or storage tank system(s).
		2. Are there any location(s) and/or storage tank system(s) that you would like to be removed from your policy? If Yes, indicate which location(s) and/or storage tank system(s) should be removed and why.
		3. Have you sold or abandoned any location(s) and/or storage tank system(s)? If Yes, indicate which location(s) and/or storage tank system(s) have been sold or abandoned.
		4. Have you leased or subleased any of your location(s) and/or storage tank system(s)? If Yes, indicate (1) which location(s) and/or storage tank system(s) have been leased or subleased, (2) the details of the lease or sublease agreement including a list of tenants, and (3) who is responsible for location and/or storage tank system maintenance and testing activities.

Yes	No	Location and Storage Tank System(s)	
		5.	At the time of signing this application, do all storage tank systems comply, at a minimum, with the United States Environmental Protection Agency's (US EPA) or local regulatory agency requirements regarding construction, overflow/spill protection and leak detection for tanks, piping and dispensing systems? If No, provide details.
		6.	Are there any tanks at this location that are not registered with the applicable state regulatory agency or that are not included within this application? If Yes, provide details.
		7.	Are there any temporarily out of service, empty, out of use or inactive location(s) and/or storage tank system(s)? If Yes, indicate which location(s) and/or storage tank system(s) to which this question applies.
		8.	Do you have plans to upgrade, repair, remove or replace any of the storage tank system(s) submitted for coverage in the next twelve (12) months? If Yes, attach a detailed description of the planned activities with a timeline for activities to be completed.
		9.	Have there been any other changes made to the location(s) and/or the storage tank system(s) that we should be made aware of? If Yes, describe and attach applicable documentation.
		10.	Have you updated your Risk Management plan, SPCC plan, maintenance, testing, and/or inspection records for your location(s) and/or storage tank system(s)? If Yes, attach current documents with this application.
		11.	Have there been any reportable releases and/or pollution claims for bodily injury, property damage or cleanup costs including, but not limited to, claims by private persons, public entities, governmental agencies or other third parties at the location(s)? If Yes, provide an explanation and attach copies of applicable reports.
		12.	Have you been cited or prosecuted for any violation of any applicable environmental law and/or federal, state or local regulation arising from the release or spill of hazardous substances, hazardous waste or any other pollutants? If Yes, provide details.
		13.	Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at the present comply with? If Yes, provide details.
		14.	Are there any other changes underwriting should be made aware of such as but not limited to amendments to the named insured, additional insureds, additional named insureds, etc.? If Yes, provide details.
Yes	No	Future Plans	
		15.	Are there any future plans to lease or sublease any of your locations and/or storage tank systems? If Yes, provide details.
		16.	Are there any future plans to sell or refinance any of your locations and/or storage tank systems? If Yes, provide details.
		17.	Are there any plans for future development, improvement, excavation, betterment, land condemnation, demolition or plans for changes at any of your locations? If Yes, provide details.

## Fraud Warning

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

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

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

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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 five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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 person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NOTICE TO ALL OTHER STATE APPLICANTS:** 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

## Notice to Applicant

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. The coverage applied for is solely as stated in the policy and any endorsement thereto, which provides coverage for cleanup costs, bodily injury and property damage liability coverage for claims first made against the insured and reported to the insurer, in writing, during the policy period. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

Applicant Signature

Printed Name

Title

Date

**Additional Information**