



Underground Storage Tank Application

Applicant Name: _____

Applicant Address: _____

Facility Name: _____

Facility Address: _____

Business Phone: _____ Business Fax: _____

Type of Business: _____

Type of Entity: Corporation Individual Partnership LLC Government Other _____

Contact Person: _____ Phone: _____ FAX: _____

Current UST Insurance Co: _____ Premium: _____ Renewal Date: _____

Insurance Agent: _____ Phone: _____ FAX: _____

Limits Requested 1 Mil/1Mil 1 Mil/2Mil 2 Mil/2Mil Other: _____

Deductible Requested 5,000 10,000 20,000 25,000 50,000 100,000 Other: _____

Do you own the tanks: Yes No If No, please provide the name & address of the tank owner (Attach separately)

Additional insureds: Yes No If Yes, please provide the name(s) and address(es) of the additional insured (Attach separately)

Are there any plans to close/remove/upgrade tanks in the next 12 months? Yes No

If Yes, please indicate anticipated closure/removal/upgrade date and plans

Any leak/spill in the past 15 years: Yes No If Yes, please provide details.

Any losses in excess of \$5000 the last 3 years? Yes No If Yes, please provide details.

Are all tanks in compliance with current EPA regulations? Yes No If No, please provide details.

Tank Information

1 2 3 4 5 6 7 8

Check if Aboveground

Contents

Date Installed

Date Lined*

Capacity (gallons)

*Attach lining certification

Tank Construction

1 2 3 4 5 6 7 8

Check for Doublewall DW DW DW DW DW DW DW DW

Steel

STIP-3

Fiberglass

Fiberglass Clad Steel

Fiberglass Lined

Tank Protection	1	2	3	4	5	6	7	8
Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Dike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earthen Dike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Leak Detection	1	2	3	4	5	6	7	8
Auto Tank Guage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil/Water Separator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill/Overflow Protect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of last tightness test _____ (Attach copy of certificate)

Piping Information	1	2	3	4	5	6	7	8
Date piping installed								
% Aboveground								

Piping Construction	1	2	3	4	5	6	7	8
Check for Doublewall	<input type="checkbox"/> DW	<input type="checkbox"/> DW	<input type="checkbox"/> DW	<input type="checkbox"/> DW	<input type="checkbox"/> DW	<input type="checkbox"/> DW	<input type="checkbox"/> DW	<input type="checkbox"/> DW
Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass / Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pipe Protection	1	2	3	4	5	6	7	8
Cathodic protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Piping Leak Detection	1	2	3	4	5	6	7	8
Electronic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dispenser Method	1	2	3	4	5	6	7	8
Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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's Signature: _____ Date: _____