

TankSafe - Storage Tank Liability

Proposal Form

Instructions

- Provide any supporting information on a separate sheet using the Applicant’s letterhead and reference the applicable question number.
- This form must be completed, dated and signed by a principal of the Applicant.

Required Attachments:

- Summary of Environmental Site Assessments/Remediation (past, current, planned) (check if none)
- Storage Tank Inventory - By Location Document (Attachment I)
- Marina Questionnaire (Attachment II) (check if no marina exposure)

New Proposal Renewal

General Information

Proposer’s Company Name:					
Key Contact:					
Address:					
		State:		Postcode:	
Telephone:		Email:			
Website:					
Description of Business:					
Company is	Public	Private	Partnership	Joint Venture	Other:

Insured Entities

Please list subsidiary, predecessor, acquired, parent, affiliated or merged entities for which coverage is requested

Name of Entity	Date of Formation or Transaction	Percentage of Annual Gross Revenues Assigned to the Insured

Covered Locations

Please attach a list of all locations for which coverage is required in the following format

Company Name	Street Address (City, State, Post Code)	No. of USTs at this location	No. of ASTs at this location	Known Pre-existing Contamination Present?*	Facility Type**

Covered Locations (continued)

* If Yes, please provide details on a separate sheet. Include at a minimum

- Prior Environmental Site Assessments (including date performed)
- Past, current, planned sampling/remediation, etc.

** Facility Type:

- Airport
- Retail Store
- Petrol Service Station
- Marina
- Automobile/Other Motor Vehicle Facility
- Schools/Educational Services Facility
- Petroleum Bulk Station/Terminal
- Other (If "Other", please describe.)

Storage Tank Inventory - by Location

Please complete the Storage Tank Inventory - By Location form as attached to this application. (If more than one location, please make duplicates of the inventory form and complete a separate form for each location.)

Gross Revenues

Total Gross Revenues for Last Full Year of Account	\$
Estimated Gross Revenues for Current Year of Account	\$

Desired Effective Date of Coverage

a. Desired Retroactive Date / / Policy Inception Other

(In order to obtain retroactive coverage, you must provide copies of all prior policies for the corresponding time period.)

Limits of Liability and Self-Insured Retentions

Please indicate requested limits and retention levels

Limits of Liability	Per-Storage Tank Incident	\$
	Aggregate	\$
	Aggregate Legal Defence Expense Limit	\$
Self-Insured Retention	Per Loss	\$

Are any of the Tanks Single-Walled Storage Tanks (i.e. Bare Steel Tanks, Steel Tanks with Cathodic Protection, STIP ¾ Tanks)? Yes No N/A

If Yes, do the tanks have any form of tank lining? Yes No N/A

Were any of the Applicant's or any other party to the proposed insurance's storage tanks installed prior to 1975? Yes No

Are any of the Applicant's or any other party to the proposed insurance's storage tanks located within one (1) km of a body of water? Yes No

a. (If Yes, please complete the **Marina Questionnaire** form as attached to this application.)
Within the past five (5) years has the Applicant purchased this type of insurance coverage? Yes No

If Yes, please provide information regarding any such coverage and all available loss information.)
At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim against any insured? Yes No

Limits of Liability and Self-Insured Retentions
Please indicate requested limits and retention levels (continued)

Within the past five (5) years has the Applicant purchased this type of insurance coverage?

If **Yes**, please provide information regarding any such coverage and all available loss information.) Yes No

Are there currently, or have there historically been, any hazardous, toxic, or regulated substances stored at any of the locations for which this application for insurance is being made other than these products: Petrol, Diesel Fuel, Motor Oil, Fuel Oil, or Kerosene?

Were any tanks ever removed or decommissioned insitu or replaced at the location(s) wherethe scheduled tanks are currently located? Yes No

a. Will any scheduled storage tank(s) be removed, decommissioned or upgraded at any of the facilities for which coverage is sought under this policy within the next eighteen (18) months? Yes No

Does the Applicant and any other parties to the proposed insurance maintain a Spill Prevention and Counter Control Plan with regard to any aboveground tanks for which coverage is sought? (If "Yes", please provide a copy of such plan.) Yes No N/A

Within the past five (5) years have there been any reportable spills of regulated substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations, at the facility(ies) where the tanks the Applicant is seeking coverage for are located? Yes No

Within the past ten (10) years have any repairs or upgrades been performed on any tanks? Yes No

a. Are all underground storage tanks compliant with local regulations? Yes No

Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the Applicant or any other party to the proposed insurance? Yes No

Does the Applicant or any other party to the proposed insurance have knowledge of pollution conditions at any of the proposed covered locations? Yes No

At the time of signing this application, is the Applicant or any other party to the proposed insurance aware of any circumstances that may reasonably be expected to give rise to a claim against any party to the proposed insurance? Yes No

If Yes to any of the questions above, provide a description of the information, claim, or circumstance.

*It is understood and agreed that if any such Claims exist, or any such facts or circumstances exist which could give rise to a Claim, then those Claims and any other Claims arising from such facts or circumstances are excluded from the proposed insurance unless otherwise affirmatively stated in the Policy.

By signing this application, the applicant warrants to the company that all statements made in this application including attachments, about the applicant and its operations are true and complete, and that no material facts have been misstated in this application or concealed. Completion of this form does not bind coverage. The applicant's acceptance of the company's quotation is required before the applicant may be bound and a Policy issued.

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of Claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act. Such an act is a crime and subjects such person to possible criminal and civil penalties.

Signature of Authorised Applicant: _____ Date: _____

Print Name: _____

Title: _____

Instructions on Completing Attachment 1: Storage Tank Inventory by Location

- Attachment 1 provides the Insurer with the required information to quote the policy.
- All applicants must complete Attachment 1.
- All applicants must complete all line items in Attachment 1.
- Questions 1 - 7 must be completed using the coding provided in Attachment 1. As shown below.
- Important Note - If the Tank Construction Material is **Steel**, please indicate in Q2. Tank Construction Material if Cathodic Protection is fitted.

TankSafe Attachment 1: Storage Tank Inventory By Location

Facility Name:	Facility Address:	Facility ID #:
----------------	-------------------	----------------

Note: Questions 1 - 7 Must be answered using the codings below.

	Sample	1	2	3	4	5
Tank #	UST 001					
UST/AST	UST					
Install Date Year	2004					
Capacity (L)	100,000					
1. Contents	A					
2. Tank Construction Material	A,G					
3. Overfill/Spill Protection	C					
4. Tank Leak Detection	A,I					
5. AST Diking & Base Construction	Not Applicable					
6. Piping Construction Material	F					
7. Piping Leak Detection	D					

Use these codes within the corresponding row in the table

1. Contents	2. Tank Construction	3. Overfill/Spill Protection	4. Tank Leak Detection	5. AST Diking & Base Construction	6. Piping Construction Material	7. Piping Leak Detection
A. Unleaded Fuel B. Gasohol C. Diesel D. Kerosene E. Waste Oil/ Used Oil F. Fuel Oil G. Generic Gasoline H. Pesticide I. Ammonia compound J. Chlorine compound K. Haz. Substance (CERCLA) L. Mineral Acids M. Grades 5&6 bunker 'C' oils N. Petroleumbase additive (E85) O. Misc. petroleumbase P. Heating Oil Q. Other, please	A. Steel B. Fiberglass C. FRP Clad Steel D. Concrete E. Polyethylene F. Other EPA/DEP Approved G. Cathodic Protection - Sacrificial Anode H. Cathodic Protection - Impressed Current I. Double Walled (DW) Single Material J. Double Walled (DW) Dual Material K. (DW) Synthetic Liner in Tank Construction L. (DW) Pipeless UST with Secondary Containment M. Internal Lining STI, STI-P3	A. Ball Check Valve B. Spill Containment Bucket C. Flow Shut-off D. Tight Fill E. Level Gauges, High Level Alarms F. Other EPA/DEP Approved Protection Method	A. Groundwater Monitoring Wells B. Interstitial Monitoring C. Vapor Monitoring Wells D. Visual Inspections of AST Systems E. Other EPA/DEP Approved F. SPCC Plan - AST G. Interstitial Space - Double Walled Tank H. Manual Tank Gauging - UST I. Statistical Inventory Reconciliation - (SIR) (USTs) J. Automatic Tank Gauging System (USTs) K. Interstitial Monitoring of AST tank bottom L. Annual Tightness Test with Inventor - (USTs)	A. Concrete, Synthetic Material, clays B. Other EPA/DEP approved secondary containment system C. Dirt/Earth	A. Steel B. Fiberglass C. Double walled D. Approved Synthetic Material E. Other EPA/DEP Approved Piping Material F. External Protective Coating G. C/P with sacrificial anode or impressed current	A. Electronic Line Leak Detector with Flow Shutoff B. Interstitial Monitoring - Piping Filter C. External Monitoring D. Mechanical Line Leak Detector E. Interstitial Monitoring of double wall piping F. Suction Pump Check Valve

Attachment 1: Storage Tank Inventory by Location

Facility Name:	Facility Address:	Facility ID #:
----------------	-------------------	----------------

Note: Questions 1 - 7 Must be answered using the codings below.

	Sample	1	2	3	4	5
Tank #	UST 001					
UST/AST	UST					
Install Date Year	2004					
Capacity (L)	100,000					
1. Contents	A					
2. Tank Construction Material	A,G					
3. Overfill/Spill Protection	C					
4. Tank Leak Detection	A,I					
5. AST Diking & Base Construction	Not Applicable					
6. Piping Construction Material	F					
7. Piping Leak Detection	D					

1. Contents	2. Tank Construction	3. Overfill/Spill Protection	4. Tank Leak Detection	5. AST Diking & Base Construction	6. Piping Construction Material	7. Piping Leak Detection
A. Unleaded Fuel B. Gasohol C. Diesel D. Kerosene E. Waste Oil/ Used Oil F. Fuel Oil G. Generic Gasoline H. Pesticide I. Ammonia compound J. Chlorine compound K. Haz. Substance (CERCLA) L. Mineral Acids M. Grades 5&6 bunker 'C' oils N. Petroleumbase additive (E85) O. Misc. petroleumbase P. Heating Oil Q. Other, please	A. Steel B. Fiberglass C. FRP Clad Steel D. Concrete E. Polyethylene F. Other EPA/DEP Approved G. Cathodic Protection - Sacrificial Anode H. Cathodic Protection - Impressed Current I. Double Walled (DW) Single Material J. Double Walled (DW) Dual Material K. (DW) Synthetic Liner in Tank Construction L. (DW) Pipeless UST with Secondary Containment M. Internal Lining . STI-P3	A. Ball Check Valve B. Spill Containment Bucket C. Flow Shut-off D. Tight Fill E. Level Gauges, High Level Alarms F. Other EPA/DEP Approved Protection Method	A. Groundwater Monitoring Wells B. Interstitial Monitoring C. Vapor Monitoring Wells D. Visual Inspections of AST Systems E. Other EPA/DEP Approved F. SPC Plan - AST G. Interstitial Space - Double Walled Tank H. Manual Tank Gauging - UST I. Statistical Inventory Reconciliation - (SIR) (USTs) J. Automatic Tank Gauging System (USTs) K. Interstitial Monitoring of AST tank bottom L. Annual Tightness Test with Inventor - (USTs)	A. Concrete, Synthetic Material, clays B. Other EPA/DEP approved secondary containment system C. Dirt/Earth	A. Steel B. Fiberglass C. Double walled D. Approved Synthetic Material E. Other EPA/DEP Approved Piping Material F. External Protective Coating G. C/P with sacrificial anode or impressed current	A. Electronic Line Leak Detector with Flow Shutoff B. Interstitial Monitoring - Piping Filter C. External Monitoring D. Mechanical Line Leak Detector E. Interstitial Monitoring of double wall piping F. Suction Pump Check Valve

Attachment 2: Marina Questionnaire

Answer the following questions in relation to any facility identified as a “marina” or any storage tank(s) located within one (1) km of a body of water:

1. Please provide the facility name, full address and photo of the storage tank(s) and associated piping and appurtenances connected thereto.

2. Has a Spill Prevention, Control and Countermeasure Plan been completed within the past five (5) years? Yes No
 If **Yes**, please provide a copy of the report.

3. What is the distance from the storage tank to the nearest body of water? Less than 200m Less than 1km More than 1km
 Also, please provide a description of the environment surrounding the tank?

4. What is the distance from the facility to the nearest recreational swimming area on this body of water?
Less than 200m Less than 1km More than 1km

5. Is all piping associated with the storage tank double-walled?

6. Is the piping associated with the storage tank UV Resistant?

7. What year was the piping associated with the storage tank installed?
 Has the piping ever been tested? Yes No
 If **Yes** provide a copy of the test results.

8. Does the facility have piping that extends under the water? Yes No
 If **Yes**, please describe and provide the Spill Prevention, Control and Countermeasure Plan in place for this piping.

9. Does the facility have piping that extends over the water, including along bulkheads, docks or floating docks? Yes No
 If **Yes**, please describe and provide the Spill Prevention, Control and Countermeasure Plan in place for this piping.

10. Does the facility have a shut-off valve located on land that will stop the flow of product in the event of a release? Yes No
 If **Yes**, please describe the placement of the valve and shut-off process.

11. Are all dispensers associated with the storage tank protected from impact from boats or watercraft? Yes No
 If **Yes**, please describe how.

12. If the facility has aboveground storage tanks, do they have secondary containment? Yes No
 If **Yes**, please describe.

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 31,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in Australia for over 50 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base. Chubb is a major insurer of many of the country's largest companies. With five branches and over 500 staff in Australia, it has a wealth of local expertise backed by its global reach and breadth of resources.

More information can be found at www.chubb.com/au

Contact Us

Chubb Insurance Australia Limited
ABN: 23 001 642 020 AFSL: 239687

Grosvenor Place
Level 38, 225 George Street
Sydney NSW 2000
O +61 2 9335 3200
F +61 2 9335 3411
www.chubb.com/au

Chubb. Insured.SM