

Above-Ground Storage Tank (AST) Application

Applicant, Facility Information and AST Schedule			
Complete this page for EACH facility. All questions must be answered. <i>Attach additional sheets if needed.</i>			
Facility Name:		Contact:	
Address, City, State, Zip:			
Email:		Phone:	
1.	Are any above-ground storage tanks or associated piping ("ASTs") <u>out of</u> compliance with applicable EPA or state regulations?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2.	Has there ever been a reportable release at this location?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3.	Do you have a current certified SPCC plan? Please provide a copy.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4.	Is secondary containment (i.e., impermeable walls or dikes) present for the ASTs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5.	Do the scheduled ASTs have any underground piping?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6.	Business at this facility (check all that apply):		
	<input type="checkbox"/> Full/Self Service Gas Sales	<input type="checkbox"/> Fuel Stored for Own Use	
	<input type="checkbox"/> Cardlock	<input type="checkbox"/> Full Service (Repair Garage)	
	<input type="checkbox"/> Convenience Store with Gas Sales	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Marina	Average Monthly Throughput:	
	<input type="checkbox"/> Limited Service (Lube and Oil)		

Complete the information requested in the following table and use the appropriate response codes below. Use extra sheets as necessary.					
Tank Schedule					
Tank ID Number (Yours)					
Date Installed (Mo/Yr)					
Tank Capacity (gallons)					
Contents					
Tank Construction (Use codes 1 and 2)					
Piping Construction (Use codes 1 and 3)					
<u>1 - Construction (Tank and Piping) Codes</u> SW = Single Walled Tank DW = Doubled Walled Tank <u>Note:</u> Double-walled construction has interstitial space between walls.	<u>2 - Tank Codes</u> S = Welded Steel SS = Stainless Steel P - Plastic/Poly Fiberglass FRP - Fiberglass Reinforced Plastic			<u>3 - Piping Codes</u> n/a = none S = Steel or Cathodic Protected Steel FRP = Fiberglass FCS = Fiberglass Clad/Lined Steel Flex = Flexible	

Fraud Warnings (FEI-0308-199-A)

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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 CALIFORNIA APPLICANTS: *In some states, 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 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 HAWAII APPLICANTS: *"For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."*

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 denial of insurance benefits."

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 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 civil fines and criminal penalties."

NOTICE TO NEW YORK APPLICANTS: *"Any person who knowingly and with intent to defraud an 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 \$5,000 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/she 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."

<p>NOTICE TO OKLAHOMA APPLICANTS: “WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.</p>
<p>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 a 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 the person to criminal and civil penalties.”</p>
<p>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.”</p>
<p>NOTICE TO TEXAS APPLICANTS: <i>In some states, 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.</i></p>
<p>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.”</p>

CERTIFICATION – APPLICABLE TO ALL APPLICANTS

I certify that the statements set forth in this application are correct. If any information supplied on this application should change between the date of this application and the inception date of the policy period, I will immediately notify the insurer of such change. I agree that this application shall be deemed to be attached to and made part of the policy, if issued, as if physically attached to the policy. I also understand that any misrepresentation of information contained in this application could result in the policy being voided.

I understand that the company will rely on the information I have provided in this application as the basis for deciding whether an insurance policy will be issued.

I hereby authorize the company to make any inquiry in connection with this application as it deems necessary. The undersigned hereby authorizes the release of loss information from any prior insurer to the company. In this regard, I certify that I will execute whatever authorizations or releases may be necessary to permit the company to secure any such information.

I certify, by signature below, that I have read and understand the attached Certification and insurance Fraud Warning (FEI-0308-199-A Fraud Warning) statements found on pages 2 and 3 of this application.

Signed:		Title:	
Please Print Name/Title:		Date of Application:	