



# STORAGE TANK SUPPLEMENTAL APPLICATION

DATE (MM/DD/YYYY)

NAME (First Named Insured) AND MAILING ADDRESS		AGENCY	
PROPOSED EFF DATE	PROPOSED EXP DATE	CODE:	
		CONTACT NAME:	

## SUPPLEMENTAL QUESTIONS

PROVIDE EXPLANATIONS WHEN NECESSARY		YES	NO
	LOCATION (PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH LOCATION. GIVE ADDRESS OR LEGAL DESCRIPTION).		
1.	DISTANCE FROM OCCUPIED PREMISES AND OCCUPANCY (PLEASE BE SURE TO SHOW ALL DIRECTIONS).		
2.	HOW CLOSE TO THE CITY WATER SUPPLY?		
3.	HOW CLOSE TO OTHER BODIES OF WATER (DESIGNATE STREAM, LAKE, ETC)?		
4.	IS THERE A DAILY INVENTORY TAKEN?	<input type="checkbox"/>	<input type="checkbox"/>
5.	GAS PUMPS PROTECTED WITH BARRICADES OR POSTS? <input type="checkbox"/> BARRICADES <input type="checkbox"/> POSTS		
6.	HAS ANY TANK EXPERIENCED ANY LEAK?	<input type="checkbox"/>	<input type="checkbox"/>
7.	DOES INSURED SELL LIQUID PROPANE GAS?	<input type="checkbox"/>	<input type="checkbox"/>
8.	WHAT IS THE ANNUAL NUMBER OF GALLONS OF GASOLINE SOLD? _____		

**ABOVE GROUND TANKS:** PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH TANK.

	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5	TANK #6
1. AGE OF TANKS						
2. CAPACITY						
3. TYPE OF FUEL STORED						
4. METAL OR FIBERGLASS						
5. DIKE						
6. FENCED OR BARRICADED						
7. IS SURROUNDING LAND FLAT OR SLOPED						

**BELOW GROUND TANKS:** PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH TANK.

	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5	TANK #6
1. AGE OF TANKS						
2. CAPACITY						
3. TYPE OF FUEL STORED						
4. METAL OR FIBERGLASS						
5. CATHODIC PROTECTION						