

STORAGE TANK ENVIRONMENTAL COVERAGE (STEP) APPLICATION – NEW YORK**GENERAL INFORMATION**

Applicant Name:

Address:

Mailing Address (if different):

FEIN:

Risk Management Contact:
Email:

Telephone Number:

Proposed Effective Date:

Proposed Expiration Date:

Limits Requested: \$

Deductible Requested: \$

1. Facility Type:
2. Are any tanks above the floor of underground areas such as basements or tunnels? Yes No
3. Are any tanks used in septic systems, or for wastewater or storm water collection? Yes No
4. Are any tanks used in flow-through process, emergency spill or as overflow? Yes No
5. Any residential, portable, or bare steel without cathodic protection? Yes No
6. Are any tanks located within or nearby existing contamination? Yes No
7. Are there any underground storage tanks or associated piping ('USTs') out of compliance with applicable EPA or state regulations for constructions, tightness testing, monitoring, or leak detection? Yes No
8. Has there ever been a reportable release at this location? Yes No
9. Are any USTs inactive, closed, or temporarily out-of-service? Yes No
10. Are any USTs scheduled to be replaced, removed, upgraded, or taken out of service? Yes No
11. Is the Applicant aware of any known environmental losses in the last three years? Yes No
12. At the time of signing this application, is the Applicant aware of any circumstances which may reasonably be expected to give rise to a claim under this policy? Yes No

13. Other Insureds to be listed on the Policy & Relationship to Insured

Other Insureds	Relationship to Insured Operations

14. Storage Tank Details

Location and Tank ID Number	UST or AST	Install Date	Size (gallons)	Retro Date	Construction (type of material and single wall or double wall)	Contents (specify material)	Leak Detection Prevention Method (specify method)	Containment (ASTs only)	Piping *see key below
								Diked: Yes No Construction:	
								Diked: Yes No Construction:	
								Diked: Yes No Construction:	
								Diked: Yes No Construction:	
								Diked: Yes No Construction:	
								Diked: Yes No Construction:	
								Diked: Yes No Construction:	
								Diked: Yes No Construction:	

(UST means underground storage tank. AST means above-ground storage tank.)

*Piping Key: P= pressure flow, S= suction flow, DW =double wall, SW=single wall, N/A –none

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

FRAUD NOTICE STATEMENT

APPLICABLE IN NEW YORK: 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. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO, OWNER, PARTNER, DIRECTOR/OFFICER OR PRINCIPAL OF THE INSURED)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)