

**APPLICATION FOR COVERAGE FOR
ABOVEGROUND STORAGE TANKS**

Insurance coverage issued by Petroleum Marketers Management Insurance Company is subject to completion of the required written application, verification of existing site conditions, verification of an appropriate leak detection system on tanks and lines and payment of the annual premium. Tanks must meet PMMIC's underwriting standards.

APPLICANT INFORMATION

Named Insured: _____ Business Phone No.: (____) _____

Check all that apply: Land Owner _____ Tank Owner _____ Operator _____ Other (specify) _____

Mailing Address: _____ City _____ State _____ Zip _____

Insured Contact Person: _____ Business Phone No. (if different from above #): (____) _____

Email address: _____ Cell phone, if applicable: _____

Site Name: _____ Iowa Fire Marshal's Site ID No. _____

Site Address: _____ City _____ State _____

Legal Entity of Site Owner: Sole Proprietor _____ Corporation _____ Partnership _____ Governmental _____

Social Security # for Sole Proprietors or Federal Tax I.D. # for all other legal entities: _____

ADDITIONAL INSUREDS (provide documentation of insurable interest; i.e., lease or mortgage documents, etc.)

Name of Additional Insured: _____

Land Owner _____ Tank Owner _____ Operator _____ Other (Specify) _____

Mailing Address: _____ City _____ State _____ Zip _____

MORTGAGEE INFORMATION

Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

SITE INFORMATION

1. Are you currently aware of petroleum contamination on this site? ___ Yes ___ No

If so, how did you become aware of contamination? _____

2. How many years has fuel been stored at this facility? _____

3. Has there ever been soil or groundwater testing conducted? ___ Yes ___ No

4. Are you presently involved in or are you planning to do a corrective action to address contamination associated with this property?
___ Yes ___ No

If "Yes", please describe the work planned or completed: _____

Environmental Consultant (Name): _____
Address: _____

Contractor conducting corrective action (Name): _____
Address: _____

Send us a summary of your remediation plan. This must include any initial test results of soil and groundwater samples taken before or at the time of remediation.

Additional Comments: _____

GENERAL INFORMATION

1. How many active aboveground tanks do you have on site? _____
2. Are there any USTs on site? ___Yes ___No
 - a) If "yes," are the USTs insured by PMMIC? ___Yes ___No If so, policy # _____
 - b) If USTs are not insured by PMMIC, please provide UST system data.
3. Do you have any other insurance coverage for pollution cleanup or environmental damage for this site? ___Yes ___No
 - a) If "yes," please list the insurance company and policy number. _____ (insurance company name) _____ (policy number)
4. How many dispensers do you have on site? _____ connected to your ASTs _____ connected to your USTs
5. Please circle the deductible you wish to purchase: \$10,000 \$25,000 \$50,000
6. Please check (√) the occurrence/aggregate limit you wish to purchase:
___ \$250,000 / \$250,000
___ \$250,000 / \$500,000
___ \$500,000 / \$500,000
___ \$500,000 / \$1,000,000
___ \$1,000,000 / \$1,000,000
7. Location type (mark all that apply):
___ retail ___ fleet ___ bulk ___ school ___ industrial
___ utility ___ residential ___ agricultural ___ back-up generator ___ other
___ other (specify) _____

8. When was your last SPPC plan completed? ____ / ____ / ____ Please provide complete copy.

ABOVEGROUND TANK SYSTEM

1. Tank No. (Iowa Fire Marshal's Tank Registration No.)						
2. Tank Use: Retail/Fleet (R); Bulk Storage (B), Generator (G)						
3. Year Manufactured						
4. Manufacturer Name						
5. Tank Serial No.						
6. Tank Approval – UL, API, other national standard (specify)						
7. Vertical (V) or Horizontal (H)						
8. Tank Dimensions						
9. No. of Compartments						
10. Capacity in Gallons (if multiple compartments, total of all)						
10A. Capacity of compartment #1 / product stored						
10B. Capacity of compartment #2 / product stored						
11. Manifolder tanks? Indicate which tank numbers are manifolded.						
12. Contents (product/material stored) AV = AV gas I = other oil P = premium UL B = NL+ J = jet fuel R = regular D = diesel K = kerosene S = super UL F = fuel oil L = lube oil UL = unleaded G = gasohol M = midgrade W = waste oil H = heavy oil N = new oil Z = unknown ALT = ethanol above 10%, biodiesel (specify) HA = hazardous substance (specify) O = other (specify)						
13. Double wall (DW) or single wall (SW)						
14. Vaulted (V), Fire Resistant (FR), Both (B)						
15. Tank Construction Material (steel, other)						
16. Corrosion Protection: Anode (A), Lined (L), Other (O), None (N)						
17. Is tank riveted?						
18. Is tank bottom protected against corrosion? (Yes/No)						
19. If above answer is "yes," is method 1, 2 or 3: (1) Installed on permeable (rock) surface. (2) Double walled or false bottom. (3) Corrosion protection system or coating.						
20. Tank gauged by: Stick(S), Clock (C), Tape (T), ATG(A), Other (O)						
21. Overfill type: Whistle(W), Alarm(A), Automatic Shutoff(S)						
22. Delivery Spill: Within dike(D), Basin(B), Secondary Containment(S)						
23. Tank Leak Detection: SIR, Interstice (IM), Daily Inventory Control (DIC), Other (O)						
24. If "O" above, state type of leak detection.						
25. Do you reconcile product inventory on all tanks – daily(D); weekly(W); monthly(M)						
26. Does tank have a self-contained dike? (Yes/No)						

ABOVEGROUND PIPING

PLEASE NOTE: Make sure that the information written in for each pipe corresponds to the tank registration number and product information provided in the column directly above it on Page 3.						
1. Piping Material: Steel(S), Coated Steel(C), Galvanized(G), Other(O)						
2. ALL aboveground piping contained by Dike(D), other containment (O)						
3. Delivery System: Pressure(P), Suction(S), Other(O)						
4. Line Leak Detection: Visual(V), SIR, Annual Testing(T), Other(O)						
5. Leak Detectors: Mechanical(M), Electronic(E), None(N)						

BELOWGROUND PIPING

PLEASE NOTE: Make sure that the information written in for each pipe corresponds to the tank registration number and product information provided in the column directly above it on Page 3.						
1. Line Type: Single Wall (S), Double Wall (D), or both(B)						
2. Piping Material: Steel(S), Coated Steel(C), Galvanized(G), Flexible(F), Rigid Fiberglass(R), Other(O)						
3. Delivery System: Pressure(P), Suction(S), Other(O)						
4. Line Leak Detection: Interstice(I), SIR, Annual Testing(T), Other(O)						
5. Leak Detectors: Mechanical(M), Electronic(E), None(N)						

LEAK DETECTION

NOTE: You must enclose leak detection records with this application.

SECONDARY CONTAINMENT

1. Does secondary containment/diking hold 110% of largest tank or total of manifolded tanks? Yes No

Secondary Containment Construction	Earthen	Cement	Liner	Steel	None	Asphalt (i.e., block) Other (specify)
Dike floor						
Dike wall						
Load in (delivery)						
Load out (rack)						

2. Is load out (rack) metered? Yes No

If clarification is needed on any of the above, please specify line # along with explanation below.

OWNERSHIP BACKGROUND INFORMATION

Thank you for your interest in obtaining insurance from Petroleum Marketers Management Insurance Company. Please complete the information requested below, and sign and date this form so that we may begin our evaluation process.

Provide the name, address and Social Security Number or Federal Tax Identification Number for the individual or company (and affiliates) that is the (A) owner of the property; (B) owner of the petroleum storage tanks; and (C) operator of the petroleum storage tanks. An affiliate is any individual or corporation that has a 20% or greater ownership interest in the subject company. Please utilize the following format:

Property Owner Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Federal Tax ID number: _____

Does this entity conduct business under any other name? **Yes or No**

If yes, list all DBAs and their addresses. Affiliates (provide the same information)

Petroleum storage tank system Owner Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Federal Tax ID number: _____

Does this entity conduct business under any other name? **Yes or No**

If yes, list all DBAs and their addresses. Affiliates (provide the same information)

Petroleum storage tank system Operator Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Federal Tax ID number: _____

Does this entity conduct business under any other name? **Yes or No**

If yes, list all DBAs and their addresses. Affiliates (provide the same information)

For each owner, operator, and their affiliates, provide a complete listing of all other petroleum storage tank facilities in which they have any interest as an owner or operator.

Is any owner, operator, affiliate or any of the facilities listed above subject to an enforcement action by any regulatory agency in the United States, for any violation of petroleum storage tank technical requirements or environmental regulations? **Yes or No**
If yes, please provide detailed information on the violation, penalties, or required response.

Your application for insurance cannot be processed without this information completed for every individual and company that has an ownership interest in the site or sites for which coverage is requested.

I UNDERSTAND THAT THE FOREGOING INFORMATION IS PROVIDED TO PMMIC TO BE RELIED ON IN APPLYING FOR INSURANCE COVERAGE.. ANY FALSE OR MISLEADING INFORMATION CAN BE GROUNDS FOR CANCELLATION OF COVERAGE.

APPLICANT'S SIGNATURE TITLE DATE

APPLICANT'S PRINTED NAME E-MAIL ADDRESS

PETROLEUM MARKETERS MANAGEMENT INSURANCE COMPANY
2894 – 106th Street, PO Box 7628, Urbandale, IA 50323
800/942-1000