



**Texas Specialty Underwriters, Inc.**  
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**RENEWAL APPLICATION FOR STORAGE TANK POLLUTION LIABILITY COVERAGE**  
 (THIS IS A CLAIMS MADE POLICY)

**APPLICANT'S INFORMATION**

APPLICANT NAME:			
BUSINESS NAME:			
DESCRIPTION OF BUSINESS:		STATE FACILITY REGISTRATION #:	
MAILING ADDRESS:			
FACILITY ADDRESS:	<input type="checkbox"/> Same as above		
TYPE OF BUSINESS:	<input type="checkbox"/> Corporation <input type="checkbox"/> L.L.C.	<input type="checkbox"/> Individual <input type="checkbox"/> OTHER:	<input type="checkbox"/> Partnership

**GENERAL INFORMATION**

(PLEASE ATTACH AN EXPLANATION FOR ANY YES ANSWER TO QUESTIONS 1-4)

1. How many storage tanks are located at this facility?      Underground: \_\_\_\_\_ Aboveground: \_\_\_\_\_
2. In the past 12 months, have any underground or above ground storage tanks been added to or removed from this facility?       No     Yes
3. In the past 12 months, have any repairs or upgrades been performed on the storage tank systems?       No     Yes
4. In the past 12 months, have any storage tanks been temporarily closed, taken out of service or made inactive?       No     Yes

**INVENTORY CONTROL AND LEAK DETECTION**

(PLEASE ATTACH AN EXPLANATION FOR ANY NO ANSWER TO QUESTIONS 5 – 6)

5. a. Is inventory control performed daily?       No     Yes
- b. Are all monthly overages and shortages within allowable ranges?       No     Yes
6. In addition to daily inventory control, is monthly monitoring (leak detection) performed on the storage tanks?       No     Yes  
 Monthly leak detection methods include auto tank gauging, statistical inventory reconciliation, and monitoring of wells.

**RELEASES, POTENTIAL CLAIMS AND COMPLIANCE**

(PLEASE ATTACH AN EXPLANATION FOR YES ANSWERS TO QUESTIONS 7 – 8, OR A NO ANSWER TO QUESTION 9)

7. In the past 12 months, has this facility experienced a leak, spill, release or discharge of petroleum?       No     Yes
8. At the time of signing this application, are you aware of any circumstances which may reasonably be expected to give rise to a claim under this policy?       No     Yes
9. To the best of your knowledge, are you in compliance with all federal, state and local safety, health and environmental regulations?       No     Yes

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 A 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.

APPLICANT'S SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_