



### 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**

<b>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.</b>						
1. Piping Material: Steel(S), Coated Steel(C), Galvanized(G), Other(O)						
2. <b>ALL</b> 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**

<b>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.</b>						
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.

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### 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.

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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