Storage Tank Supplemental Questionnaire

Please complete all sections. Attach additional sheets if more than six tanks of either type are located at the premises.

1. APPLICANT INFORMATION

Named Insured:

Premises Address:

City: Province: Postal Code:

Policy / Quote #: Proposed Effective Date:

2. COVERAGE REQUESTED

Pollution Liability Limit: -- Deductible:

3. ABOVE GROUND TANK SCHEDULE

Number of above ground tanks at premises:

Tank #	Year Installed	Construction	Single / Double Wall	Contents	Size (gallons)
1					
2					
3					
4					
5					
6					

Construction, wall type and contents fields are dropdowns; you may also type a value (e.g., if "Other").

4. UNDERGROUND TANK SCHEDULE

Number of underground tanks at premises:

Tank #	Year Installed	Construction	Single / Double Wall	Contents	Size (gallons)
1					
2					
3					
4					
5					
6					

Construction, wall type and contents fields are dropdowns; you may also type a value (e.g., if "Other").

5. SITE & LOSS CONTROL

a. Is the tank area fenced? ◯ Yes ◯ No

b. Are there procedures in place to detect leaks? ◯ Yes ◯ No

If yes, describe method (e.g., ATG, interstitial monitoring, inventory reconciliation):

Dyke

Bollards

c. Is a maintenance contract in place? ◯ Yes ◯ No

If yes, name of contractor:

6. SIGNATURE

The undersigned declares that the information provided in this supplemental questionnaire is true and complete to the best of their knowledge.

Name: Title:

Signature: Date:

Reset Form