

Robert W. Schmidt & Company
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NEW BUSINESS: _____ RENEWAL: _____

STORAGE TANK THIRD PARTY LIABILITY CORRECTIVE ACTION AND CLEANUP POLICY

NOTICE: PLEASE ANSWER ALL QUESTIONS. ATTACH ADDITIONAL SHEETS OF PAPER IF NECESSARY.

THIS POLICY PROVIDES DEFENSE EXPENSES SEPARATE FROM THE LIMIT OF LIABILITY THAT APPLIES TO LOSS, CORRECTIVE ACTION AND CLEANUP COSTS. NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. Named Insured: _____

2. Insured's Street Mailing Address: _____

Phone: _____ Fax: _____ E-mail _____

3. Have you during the past five years had any reportable releases or spills of regulated substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations?

() Yes () No. If Yes, were the following involved:

Corrective Action? [] Yes, [] No
Remediation Complete [] Yes, [] No
No Further Actions [] Yes, [] No
Remediation On-Going [] Yes, [] No

3rd Party Claims? [] Yes, [] No
Claim Closed [] Yes, [] No
Claim Open [] Yes, [] No

Provide Details:

4. At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental cleanup or response, or for bodily injury or property damage arising from the release of pollutants into the environment?

() Yes () No If yes, please provide explanation: _____

5. Have any repairs or upgrades (including relining) been performed within the past ten years for any tank at any location? () Yes () No If yes, please explain:

6. Were all tanks new at installation? () Yes () No () Unknown

7. Were any tanks ever removed or closed without obtaining appropriate clean closure or no further action documentation? () Yes () No () Unknown

8a. Is there a Spill Prevention and Counter Control plan with regard to aboveground storage tanks if any exists? () Yes () No () Not Applicable

8b. If Yes, have any inspections or maintenance procedures as required by the plan, **not** been performed? () Yes () No () Unknown. If Yes, please explain.

9. Do you use an outside contractor or firm for compliance management services? This includes, but is not limited to, equipment inspection and monitoring, proper state and local regulatory paperwork completion, and filing, pooling gauges and monthly monitoring reports for you? () Yes () No

10. Do you use a remote monitoring system, with an outside vendor who receives an alarm when a release occurs and is responsible for notifying the appropriate parties? () Yes () No

11. Do any plans exist to remove or replace any tanks within the next year? () Yes () No
If yes, please explain: _____

12. Do you currently have pollution liability insurance coverage for the tanks applied for on this application?
() Yes - **EXPIRATION DATE:** _____; **RETRO DATE:** _____, () No
If so, please list below the name of the carrier, expiring premium, expiring deductible, and limits of liability; or attach a copy of your current policy declarations page.

Name of Insurer: _____ Expiring Premium: \$ _____
Retroactive Date: _____ Limits of Liability: \$ _____/\$ _____
Deductible: _____

13. LIMITS DESIRED: (each incident/aggregate)
() \$1 million/\$1 million () \$1 million/\$2 million () \$1 million/\$3 million () \$1 million/\$5 million
() \$2 million/\$2 million () \$5 million/\$5 million () OTHER: _____

DEDUCTIBLE DESIRED: (each incident)
() \$5,000 () \$10,000 () \$25,000 () \$50,000 () \$100,000

For Deductibles above \$25,000, please include your most current audited financial statement.

14. POLICY TERM DESIRED: From _____ To: _____

15. Is prior acts coverage desired? () Yes () No. (If prior acts coverage is not desired, a policy inception retroactive date will be applied)

16. At the time of signing of this application, do all tank systems comply, at a minimum, with the United States Environmental Protection Agency's requirements regarding construction, overfill/spill protection and leak detection for tanks, piping, and dispensing systems? () Yes () No, If No, please explain:

17. STORAGE TANK & LOCATION SCHEDULE: Copy and attach additional sheets if necessary.

Facility I.D. # _____ Facility Name _____

Facility Address _____

Facility _____ Type _____

Do you (Circle one) **Own** **Operate** **Lease** this facility? If not owned, please name the owner.

STORAGE TANK & LOCATION SCHEDULE (Complete schedule with symbols below)

	1	2	3	4	5
Tank #					
Underground (UST)/Aboveground (AST)					
Install Date Year					
Capacity (Gallons)					
Contents					
Tank Construction Double walled (DW)/ Single walled (SW)					
Tank Construction Material					
Overfill/Spill Protection					
Tank Leak Detection					
AST Diking & Base Construction					
Piping Construction Double walled (DW)/ Single walled (SW)					
Piping Construction Material					
Piping Leak Detection					

Contents

- UG. Unleaded Gasoline
- EG. Gasohol
- D. Diesel
- K. Kerosene
- WO. Waste Oil/ Used Oil
- FO. Fuel Oil
- G. Generic Gasoline
- P. Pesticide
- AM. Ammonia compound
- CL. Chlorine compound
- HAZ. Haz. Substance (CERCLA)
- ACID. Mineral Acids
- V. Grades 5&6 bunker 'C' oils
- W. Petroleum-base additive
- X. Misc. petroleum-base
- Z. Other, Identify

Tank Construction/Material

- S. Steel
- F. Fiberglass
- FRP. FRP Clad Steel
- C. Concrete
- PE. Polyethylene
- CPSA. Cathodic Protection Sacrificial Anode
- CPIC. Cathodic Protection Impressed Current
- DWSM. Double Walled (DW) Single Material
- DWDM. Double Walled (DW) Dual Material
- DWSL. (DW) Synthetic Liner In Tank Construction
- DW. (DW) Pipeless UST with Secondary Containment
- LINE. Internal Lining
- STI. STI-P3

Overfill/Spill Protection

- BC. Ball Check Valve
- SC. Spill Containment Bucket
- SO. Flow Shut-off
- TT. Tight Fill
- AL. Level Gauges, High Level Alarms
- OT. Other EPA/DEP Approved Protection Method
- NO. None

Tank Leak Detection

- GMW. Groundwater Monitoring Wells
- IM. Interstitial Monitoring
- VM. Vapor Monitoring Wells
- VIS. Visual Inspections of AST Systems
- OTHER. Other EPA/DEP Approved
- SPCC. SPCC Plan - AST
- INTS. Interstitial Space-Double Walled Tank
- MAN. Manual Tank Gauging - UST
- STAT. Statistical Inventory Reconciliation (SIR)(USTs)
- AUTOTG. Automatic Tank Gauging System (USTs)
- IMAST. Interstitial Monitoring of AST Tank Bottom
- TT. Annual Tightness Test with inventory (USTs)

AST Diking & Base Construction

- K. Concrete, Synthetic, Material, clays
- Z. Dirt/Earth
- NO. None

Piping Construction/Material

- S. Steel
- FBR. Fiberglass
- DW. Double walled
- SM. Approved Synthetic Material
- EPC. Other EPA/DEP Approved Piping Material
- EPC. External Protective Coating
- CPA. C/P with sacrificial anode or impressed current

Piping Leak Detection

- G. Electronic Line Leak Detector with Flow Shutoff
- J. Interstitial Monitoring - Piping Filter
- 6. External Monitoring
- H. Mechanical Line Leak Detector
- K. Interstitial Monitoring of double wall piping
- V. Suction Pump Check Valve
- NO. None

NOTE: IN SOME STATES, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITIONS, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

NOTICE TO LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO MINNESOTA APPLICANTS: "ANY PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "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, 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."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY" (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: "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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

APPLICANT: _____
(Signature)
APPLICANT: _____
(Print name)
DATE: _____

Robert W. Schmidt & Company

BROKER: _____
(Firm)

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(Street Mailing Address)

Aimi Kunesh

(Contact Person)
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(Phone #, Fax #, E-mail Address)

Robert W. Schmidt, Jr.

Signature of broker or agent

Robert W. Schmidt, Jr. - 501270 - Wisconsin

(License number and state)

39-1605971

(Tax I.D. #)