



ALLIED WORLD ENVIRONMENTAL ABOVEGROUND STORAGE TANK SUPPLEMENTAL APPLICATION

Facility Name: _____
 Address: _____

Facility EPA ID: _____ No. of ASTs at Facility: _____

Tank Information

FACILITY AST No.:	<input type="checkbox"/> Active <input type="checkbox"/> Temp Out of Service <input type="checkbox"/> Closed <input type="checkbox"/> Day Tank <input type="checkbox"/> Empty <input type="checkbox"/> Mobile	<input type="checkbox"/> Active <input type="checkbox"/> Temp Out of Service <input type="checkbox"/> Closed <input type="checkbox"/> Day Tank <input type="checkbox"/> Empty <input type="checkbox"/> Mobile	<input type="checkbox"/> Active <input type="checkbox"/> Temp Out of Service <input type="checkbox"/> Closed <input type="checkbox"/> Day Tank <input type="checkbox"/> Empty <input type="checkbox"/> Mobile
YEAR TANK INSTALLED			
TANK CAPACITY (GAL.)			
TANK CONTENTS	<input type="checkbox"/> Unleaded <input type="checkbox"/> Heating Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Waste Oil <input type="checkbox"/> Ethanol Blend <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane <input type="checkbox"/> Biodiesel Blend <input type="checkbox"/> Other (identify) _____	<input type="checkbox"/> Unleaded <input type="checkbox"/> Heating Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Waste Oil <input type="checkbox"/> Ethanol Blend <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane <input type="checkbox"/> Biodiesel Blend <input type="checkbox"/> Other (identify) _____	<input type="checkbox"/> Unleaded <input type="checkbox"/> Heating Oil <input type="checkbox"/> Diesel <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Waste Oil <input type="checkbox"/> Ethanol Blend <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane <input type="checkbox"/> Biodiesel Blend <input type="checkbox"/> Other (identify) _____
IF BIODIESEL OR ETHANOL BLENDS, ARE ALL REQUIRED COMPATIBILITY CERTIFICATES IN PLACE FOR THIS TANK?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
TANK CONSTRUCTION SHELL	<input type="checkbox"/> Double Walled Fiberglass <input type="checkbox"/> Poly / Fiberglass / Synthetic Material <input type="checkbox"/> Bladder Tank <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Composite <input type="checkbox"/> Coated Steel <input type="checkbox"/> Cathodically Protected <input type="checkbox"/> Double Walled / Double Bottom Steel <input type="checkbox"/> Bare Steel – Lap Welded <input type="checkbox"/> Bare Steel – Riveted <input type="checkbox"/> Internally Repaired / Lined Steel <input type="checkbox"/> Other (identify) _____	<input type="checkbox"/> Double Walled Fiberglass <input type="checkbox"/> Poly / Fiberglass / Synthetic Material <input type="checkbox"/> Bladder Tank <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Composite <input type="checkbox"/> Coated Steel <input type="checkbox"/> Cathodically Protected <input type="checkbox"/> Double Walled / Double Bottom Steel <input type="checkbox"/> Bare Steel – Lap Welded <input type="checkbox"/> Bare Steel – Riveted <input type="checkbox"/> Internally Repaired / Lined Steel <input type="checkbox"/> Other (identify) _____	<input type="checkbox"/> Double Walled Fiberglass <input type="checkbox"/> Poly / Fiberglass / Synthetic Material <input type="checkbox"/> Bladder Tank <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Composite <input type="checkbox"/> Coated Steel <input type="checkbox"/> Cathodically Protected <input type="checkbox"/> Double Walled / Double Bottom Steel <input type="checkbox"/> Bare Steel – Lap Welded <input type="checkbox"/> Bare Steel – Riveted <input type="checkbox"/> Internally Repaired / Lined Steel <input type="checkbox"/> Other (identify) _____
TANK CONSTRUCTION BASE / FOUNDATION	<input type="checkbox"/> Bare Ground <input type="checkbox"/> Gravel / Sand <input type="checkbox"/> Ring Wall <input type="checkbox"/> Pilings / Columns <input type="checkbox"/> Impervious Concrete Floor / Pad <input type="checkbox"/> Impervious Liner <input type="checkbox"/> Saddle Rack / Horizontal Tanks <input type="checkbox"/> Other (identify) _____	<input type="checkbox"/> Bare Ground <input type="checkbox"/> Gravel / Sand <input type="checkbox"/> Ring Wall <input type="checkbox"/> Pilings / Columns <input type="checkbox"/> Impervious Concrete Floor / Pad <input type="checkbox"/> Impervious Liner <input type="checkbox"/> Saddle Rack / Horizontal Tanks <input type="checkbox"/> Other (identify) _____	<input type="checkbox"/> Bare Ground <input type="checkbox"/> Gravel / Sand <input type="checkbox"/> Ring Wall <input type="checkbox"/> Pilings / Columns <input type="checkbox"/> Impervious Concrete Floor / Pad <input type="checkbox"/> Impervious Liner <input type="checkbox"/> Saddle Rack / Horizontal Tanks <input type="checkbox"/> Other (identify) _____
TANK CONSTRUCTION ROOF	<input type="checkbox"/> NA / Horizontal Tank <input type="checkbox"/> Fixed <input type="checkbox"/> Closed (Dome) Floating <input type="checkbox"/> Open Floating <input type="checkbox"/> None / Open Top <input type="checkbox"/> Other (identify) _____	<input type="checkbox"/> NA / Horizontal Tank <input type="checkbox"/> Fixed <input type="checkbox"/> Closed (Dome) Floating <input type="checkbox"/> Open Floating <input type="checkbox"/> None / Open Top <input type="checkbox"/> Other (identify) _____	<input type="checkbox"/> NA / Horizontal Tank <input type="checkbox"/> Fixed <input type="checkbox"/> Closed (Dome) Floating <input type="checkbox"/> Open Floating <input type="checkbox"/> None / Open Top <input type="checkbox"/> Other (identify) _____
SECONDARY CONTAINMENT	<input type="checkbox"/> Concrete <input type="checkbox"/> Soil Berm <input type="checkbox"/> Steel <input type="checkbox"/> Other _____ <input type="checkbox"/> Plastic Liner <input type="checkbox"/> None _____	<input type="checkbox"/> Concrete <input type="checkbox"/> Soil Berm <input type="checkbox"/> Steel <input type="checkbox"/> Other _____ <input type="checkbox"/> Plastic Liner <input type="checkbox"/> None _____	<input type="checkbox"/> Concrete <input type="checkbox"/> Soil Berm <input type="checkbox"/> Steel <input type="checkbox"/> Other _____ <input type="checkbox"/> Plastic Liner <input type="checkbox"/> None _____



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CORROSION PROTECTION	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, IS THE CORROSION PROTECTION EQUIPMENT TESTED, INSPECTED AND OPERATED IN COMPLIANCE WITH ALL APPLICABLE REGULATIONS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TANK LEAK DETECTION / INVENTORY CONTROL	<input type="checkbox"/> Interstitial Monitoring <input type="checkbox"/> Electronic Gauging <input type="checkbox"/> External Gauge /Floating Wire <input type="checkbox"/> Site Glass <input type="checkbox"/> Acoustic Tank Gauging <input type="checkbox"/> Manual Tank Gauging <input type="checkbox"/> Groundwater Monitoring <input type="checkbox"/> Visual Inspection <input type="checkbox"/> Other (identify) _____	<input type="checkbox"/> Interstitial Monitoring <input type="checkbox"/> Electronic Gauging <input type="checkbox"/> External Gauge /Floating Wire <input type="checkbox"/> Site Glass <input type="checkbox"/> Acoustic Tank Gauging <input type="checkbox"/> Manual Tank Gauging <input type="checkbox"/> Groundwater Monitoring <input type="checkbox"/> Visual Inspection <input type="checkbox"/> Other (identify) _____	<input type="checkbox"/> Interstitial Monitoring <input type="checkbox"/> Electronic Gauging <input type="checkbox"/> External Gauge /Floating Wire <input type="checkbox"/> Site Glass <input type="checkbox"/> Acoustic Tank Gauging <input type="checkbox"/> Manual Tank Gauging <input type="checkbox"/> Groundwater Monitoring <input type="checkbox"/> Visual Inspection <input type="checkbox"/> Other (identify) _____
IS THE LEAK DETECTION / OVERFILL PROTECTION EQUIPMENT TESTED, INSPECTED AND OPERATED IN COMPLIANCE WITH ALL APPLICABLE REGULATIONS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Piping Information

Please insert the Tank ID number from the previous page and provide the requested details below.

CORRESPONDING ID:			
PIPING CONSTRUCTION MATERIAL	<input type="checkbox"/> Bare Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Nylon <input type="checkbox"/> Copper <input type="checkbox"/> Cathodic Protection <input type="checkbox"/> Painted / Wrapped / External (Epoxy) Coating <input type="checkbox"/> Synthetic Material Other Than Nylon (HPDE, PVC, CPVC) <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Other (identify) _____	<input type="checkbox"/> Bare Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Nylon <input type="checkbox"/> Copper <input type="checkbox"/> Cathodic Protection <input type="checkbox"/> Painted / Wrapped / External (Epoxy) Coating <input type="checkbox"/> Synthetic Material Other Than Nylon (HPDE, PVC, CPVC) <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Other (identify) _____	<input type="checkbox"/> Bare Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Nylon <input type="checkbox"/> Copper <input type="checkbox"/> Cathodic Protection <input type="checkbox"/> Painted / Wrapped / External (Epoxy) Coating <input type="checkbox"/> Synthetic Material Other Than Nylon (HPDE, PVC, CPVC) <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Other (identify) _____
YEAR PIPING INSTALLED			
PIPING CONFIGURATION	<input type="checkbox"/> Aboveground <input type="checkbox"/> Aboveground with Belowground Chase Pipe / Conduit <input type="checkbox"/> Aboveground with Belowground Road / Dike Crossing <input type="checkbox"/> Belowground	<input type="checkbox"/> Aboveground <input type="checkbox"/> Aboveground with Belowground Chase Pipe / Conduit <input type="checkbox"/> Aboveground with Belowground Road / Dike Crossing <input type="checkbox"/> Belowground	<input type="checkbox"/> Aboveground <input type="checkbox"/> Aboveground with Belowground Chase Pipe / Conduit <input type="checkbox"/> Aboveground with Belowground Road / Dike Crossing <input type="checkbox"/> Belowground



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Within the past ten (10) years has any repair, replacement or upgrade been made to any AST system in this application? YES NO

If yes, specify tank, date, and repair/upgrade made.

Tank ID	Date of Service	Repair/Upgrade Description
		<input type="checkbox"/> Internal Lining or Patch <input type="checkbox"/> Tank Top Repair (loose bung) <input type="checkbox"/> STP or Leak Detector Leaks <input type="checkbox"/> Tank Sump Repairs <input type="checkbox"/> Line End Fittings (Contained) <input type="checkbox"/> Uncontained Line Breach <input type="checkbox"/> Replacement <input type="checkbox"/> Other (identify) _____
		<input type="checkbox"/> Internal Lining or Patch <input type="checkbox"/> Tank Top Repair (loose bung) <input type="checkbox"/> STP or Leak Detector Leaks <input type="checkbox"/> Tank Sump Repairs <input type="checkbox"/> Line End Fittings (Contained) <input type="checkbox"/> Uncontained Line Breach <input type="checkbox"/> Replacement <input type="checkbox"/> Other (identify) _____

Do any plans exist to repair, upgrade or remove all or any portion of any AST system in this application, within the upcoming 1 – 3 years? YES NO

If yes, specify tank, date, and description.

Tank ID – from first page.	Date of Service	Description
		<input type="checkbox"/> Tank Replacement <input type="checkbox"/> Piping Upgrade <input type="checkbox"/> Upgrade Entire Fuel System <input type="checkbox"/> Raze / Rebuild Site <input type="checkbox"/> Other (identify) _____
		<input type="checkbox"/> Tank Replacement <input type="checkbox"/> Piping Upgrade <input type="checkbox"/> Upgrade Entire Fuel System <input type="checkbox"/> Raze / Rebuild Site <input type="checkbox"/> Other (identify) _____

Are all AST systems in this application managed in accordance with all applicable standards including STI/API 653 standards or their equivalent? YES NO

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. 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.

Signed _____

Name _____

Title _____

Date _____