



ALLIED WORLD ENVIRONMENTAL UNDERGROUND STORAGE TANK SUPPLEMENTAL APPLICATION

Facility Name: _____
 Address: _____

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

Tank Information

FACILITY UST 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 CONSTRUCTION MATERIAL	<input type="checkbox"/> Asphalt Coated or Bare Steel <input type="checkbox"/> Cathodically Protected <input type="checkbox"/> Epoxy Coated Steel <input type="checkbox"/> Composite Steel with Other Materials <input type="checkbox"/> Fiberglass-Clad Steel / STIP3 <input type="checkbox"/> Double Walled Fiberglass <input type="checkbox"/> Internally Lined Steel (Relined) <input type="checkbox"/> Polyethylene <input type="checkbox"/> Other Material (identify) _____	<input type="checkbox"/> Asphalt Coated or Bare Steel <input type="checkbox"/> Cathodically Protected <input type="checkbox"/> Epoxy Coated Steel <input type="checkbox"/> Composite Steel with Other Materials <input type="checkbox"/> Fiberglass-Clad Steel / STIP3 <input type="checkbox"/> Double Walled Fiberglass <input type="checkbox"/> Internally Lined Steel (Relined) <input type="checkbox"/> Polyethylene <input type="checkbox"/> Other Material (identify) _____	<input type="checkbox"/> Asphalt Coated or Bare Steel <input type="checkbox"/> Cathodically Protected <input type="checkbox"/> Epoxy Coated Steel <input type="checkbox"/> Composite Steel with Other Materials <input type="checkbox"/> Fiberglass-Clad Steel / STIP3 <input type="checkbox"/> Double Walled Fiberglass <input type="checkbox"/> Internally Lined Steel (Relined) <input type="checkbox"/> Polyethylene <input type="checkbox"/> Other Material (identify) _____
TANK CONTENTS	<input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Biodiesel Blend <input type="checkbox"/> Heating Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Ethanol Blend <input type="checkbox"/> Propane <input type="checkbox"/> Other (identify) _____	<input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Biodiesel Blend <input type="checkbox"/> Heating Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Ethanol Blend <input type="checkbox"/> Propane <input type="checkbox"/> Other (identify) _____	<input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Biodiesel Blend <input type="checkbox"/> Heating Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Ethanol Blend <input type="checkbox"/> Propane <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
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
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
OVERFILL 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
IS THE 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



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TANK LEAK DETECTION	<input type="checkbox"/> Automatic Tank Gauge (Veeder Root, etc.) <input type="checkbox"/> Interstitial Monitoring <input type="checkbox"/> Statistical Inventory Reconciliation (SIR) <input type="checkbox"/> Tank Tightness Test <input type="checkbox"/> Vapor Monitoring <input type="checkbox"/> Groundwater Monitoring <input type="checkbox"/> Interstitial Monitoring of Double Walled Piping	<input type="checkbox"/> Automatic Tank Gauge (Veeder Root, etc.) <input type="checkbox"/> Interstitial Monitoring <input type="checkbox"/> Statistical Inventory Reconciliation (SIR) <input type="checkbox"/> Tank Tightness Test <input type="checkbox"/> Vapor Monitoring <input type="checkbox"/> Groundwater Monitoring <input type="checkbox"/> Interstitial Monitoring of Double Walled Piping	<input type="checkbox"/> Automatic Tank Gauge (Veeder Root, etc.) <input type="checkbox"/> Interstitial Monitoring <input type="checkbox"/> Statistical Inventory Reconciliation (SIR) <input type="checkbox"/> Tank Tightness Test <input type="checkbox"/> Vapor Monitoring <input type="checkbox"/> Groundwater Monitoring <input type="checkbox"/> Interstitial Monitoring of Double Walled Piping
DATE OF LAST INSPECTION OF LEAK DETECTION			
PASS/FAIL?	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

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"/> Wrapped Steel <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Cathodically Protected <input type="checkbox"/> Copper <input type="checkbox"/> Fiberglass <input type="checkbox"/> Nylon Flex Hose <input type="checkbox"/> HDPE Flex Hose <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (identify) _____	<input type="checkbox"/> Bare Steel <input type="checkbox"/> Wrapped Steel <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Cathodically Protected <input type="checkbox"/> Copper <input type="checkbox"/> Fiberglass <input type="checkbox"/> Nylon Flex Hose <input type="checkbox"/> HDPE Flex Hose <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (identify) _____	<input type="checkbox"/> Bare Steel <input type="checkbox"/> Wrapped Steel <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Cathodically Protected <input type="checkbox"/> Copper <input type="checkbox"/> Fiberglass <input type="checkbox"/> Nylon Flex Hose <input type="checkbox"/> HDPE Flex Hose <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (identify) _____
YEAR PIPING INSTALLED			
PIPING LEAK DETECTION	<input type="checkbox"/> Piping Sump Probe Monitoring <input type="checkbox"/> Electronic with Flow Shut Off <input type="checkbox"/> Vapor Monitoring <input type="checkbox"/> Groundwater Monitoring <input type="checkbox"/> Mechanical Line Leak Detection <input type="checkbox"/> Suction Pump Check Valve <input type="checkbox"/> European Suction <input type="checkbox"/> Not Required/Exempt <input type="checkbox"/> Other (identify) _____	<input type="checkbox"/> Piping Sump Probe Monitoring <input type="checkbox"/> Electronic with Flow Shut Off <input type="checkbox"/> Vapor Monitoring <input type="checkbox"/> Groundwater Monitoring <input type="checkbox"/> Mechanical Line Leak Detection <input type="checkbox"/> Suction Pump Check Valve <input type="checkbox"/> European Suction <input type="checkbox"/> Not Required/Exempt <input type="checkbox"/> Other (identify) _____	<input type="checkbox"/> Piping Sump Probe Monitoring <input type="checkbox"/> Electronic with Flow Shut Off <input type="checkbox"/> Vapor Monitoring <input type="checkbox"/> Groundwater Monitoring <input type="checkbox"/> Mechanical Line Leak Detection <input type="checkbox"/> Suction Pump Check Valve <input type="checkbox"/> European Suction <input type="checkbox"/> Not Required/Exempt <input type="checkbox"/> Other (identify) _____
IS THE PIPING LEAK DETECTION 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



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

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

Tank ID – from first page	Date of Service	Repair/Upgrade/Replacement 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 a portion of any UST 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"/> Repair <input type="checkbox"/> Upgrade <input type="checkbox"/> Removal
		<input type="checkbox"/> Repair <input type="checkbox"/> Upgrade <input type="checkbox"/> Removal

Do operators of the UST systems in this application possess Class A/B UST Operator Training Certifications? YES NO N/A

Have on-site operators of the UST systems in this application received formal B/C operator training pertaining to:

Operations and Maintenance of the Tank System?	Release Detection and Reporting?	Corrosion Protections and Testing?	Emergency Response to Spills and Leaks?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____