



ABOVE-GROUND STORAGE TANK SUPPLEMENT
(To be attached to the Site Specific Pollution Legal Liability Application)

NOTE: This Supplement must include all Above-ground storage tanks containing a volume of 1,000 gallons or more.

This supplement forms a part of the application to which it is attached.

Date: _____

Applicant: _____

<p>Were all tanks listed on the following schedule new at the time of installation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please provide details regarding the date manufactured and any upgrades or changes made to the tank(s) since the date manufactured.</p>
<p>Does any location for which insurance is being sought have a total storage capacity in excess of 100,000 gallons (i.e. Tank farm?) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are any tanks listed on the following schedule subject to a Spill Prevention, Control and Countermeasure (SPCC) Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please attach a copy.</p>
<p>Have any repairs or upgrades (including relining) been performed within the past ten years for any tank listed on the following schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details as to the repairs or upgrades performed.</p>
<p>Are there any plans to upgrade or remove any of the tanks listed on the following schedule within the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details as to the plans for removal or upgrading.</p>
<p>Are all pipes associated with the tanks listed on the following schedule aboveground? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please provide dates of most recent below ground piping tightness tests.</p>

Please complete the following schedule for each location for which coverage is being sought.



ROCKHILL
INSURANCE COMPANY

Applicant: _____

Address: _____

Facility Name: _____

Facility ID#: _____

Above Ground Storage Tank Schedule

Tank ID #	Capacity (Gallons)	Date Installed	Construction (1)	Contents (2)	Testing (3)	Secondary Containment (4) and capacity % (please note if no secondary containment is in place)	Is the tank lined?	Date last tested	Active and In Use? Yes/No

(1) Tank Piping / Construction Materials

MET = Steel or other metal
FB/S = Fiberglass or synthetic
OTHER = Other (please specify)

(2) Contents

GAS = Gasoline
SOLV = Solvents
WO = Waste Oil
DIESEL = Diesel Fuel
JET = Jet Fuel
CAUST = Caustics
OTHER = Other (please specify)

(3) Testing

HYDRO = Hydrostatic testing
RADIO = Radiographic testing
ULTRA = Ultrasound testing
OTHER = Other (please specify)

(4) Secondary Containment

EARTH = Earthen Berm
CONCR = Concrete Berm
DOUBLE = Double-walled tank
PAN = Pan Containment
OTHER = Other (please specify)