



**UNDERGROUND STORAGE TANK SUPPLEMENT
(To be attached to the Site Specific Pollution Legal Liability Application)**

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>Are any tanks listed on the following schedule subject to state or federal financial assurance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, are these tanks covered by a separate insurance policy or other mechanism to satisfy such requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No</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 there any tanks not listed on the following schedule present at any location for which insurance is being sought? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details including the number, type and contents of tanks not listed.</p>
<p>Are all tanks listed on the following schedule in compliance with all relevant Federal, State and Local Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have any tanks listed in the schedule below failed any integrity tests? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please attach complete details.</p>

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



ROCK HILL
INSURANCE COMPANY

Applicant: _____

Address: _____

Facility Name: _____

Facility ID#: _____

Underground Storage Tank Schedule

Tank ID #	Capacity (Gallons)	Date Installed	Construction (1)	Contents (2)	Leak Detection (3)	Piping Construction(4)	Has the tank ever been relined? (Y/N)	Date last tested	Active and In Use? Yes/No

(1) Tank Construction Materials

D/W = Double Wall
FCS = Fiberglass or plastic coated steel
STI = STI-P3
FRP = Fiberglass Reinforced Plastic
CP/S = Cathodically Protected Steel
STEEL = Bare Steel
OTHER = Other (Please Specify)

(2) Contents

REG = Regular Gasoline
UNL = Unleaded Gasoline
WO = Waste Oil
DIESEL = Diesel Fuel
HEAT = Heating Oil
KERO = Kerosene
OTHER = Other (Please specify)

(3) Leak Detection

AUTO = Automatic Monitoring
SOIL = Vapor Well
I/M = Interstitial Monitoring
G/W = Groundwater Monitoring
TIGHT = Tightness Tests
SIR = Statistical Inventory Rec.
MANU = Manual gauging/sticking

(4) Piping Construction

FIB = Fiberglass
DW = Double Wall
CP/S = Cathodically Protected Steel
STEEL = Bare Steel
FRP = Fiberglass Reinforced Plastic