

Facility No. ____ of ____

Storage Tank Liability Coverage

Facility Name: _____

No. of USTs at this facility: ____

Facility/Storage Tank

Address: _____ City: _____ State: _____ USA

ZIP: _____ Facility EPA ID #: _____

Which form of Tank Maintenance/Record Keeping is utilized at this facility?

- Statistically Inventory Reconciliation with Annual Tank Tightness Testing (SIR)
- Automatic Tank Gauging/Electronic Monitoring (ATG)

Do you have a Written Tank Management Plan for this Facility? yes no

Loss History Information for this Facility:

- No pollution related clean-ups or 3rd party claims at this facility in past 10 years
- Pollution at facility in past 10 years, resolved with regulatory closure

Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility? yes no

Tank No.	Installation Date	Tank Construction	Tank Size (gallons)	Tank Contents
		<input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass/Steel Clad <input type="checkbox"/> Steel w/ Cathodic Protection	<input type="checkbox"/> STIP 3/4 or ACT 100 <input type="checkbox"/> Bare Steel	<input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other
		<input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass/Steel Clad <input type="checkbox"/> Steel w/ Cathodic Protection	<input type="checkbox"/> STIP 3/4 or ACT 100 <input type="checkbox"/> Bare Steel	<input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other
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