

MID-CONTINENT CASUALTY COMPANY
1437 South Boulder
Tulsa, Oklahoma 74119

GREAT AMERICAN INSURANCE COMPANIES
Subsidiaries of American Financial Corporation
580 Walnut Street, Cincinnati, Ohio 45202

APPLICATION FOR POLLUTION LIABILITY AND ENVIRONMENTAL DAMAGE

APPLICATION FOR CLAIMS-MADE POLICY

Named Insured: _____ Agent: _____

Mailing address _____

Street Address if different from above _____

City _____ State _____ Zip _____

Corporation LLC Partnership Individual Other _____

Phone _____ Fax _____

Contact _____ E-mail _____

Effective Dates: From _____ to _____

Coverage:

- Liability Only (Coverage A)
- Liability and Site Clean-Up (Coverage A and B) or
- Liability, Site Clean-Up and Property Coverage (Coverage A, B and C)

Deductible:

- \$5,000. \$10,000 \$25,000

Policy Limits: (Coverage A or Coverage A and B)

- \$500,000 / \$1,000,000 \$1,000,000 / \$1,000,000
- \$1,000,000 / \$2,000,000 Coverage C \$25,000

Retroactive Date (answer for New Business Only)

- Policy Inception Specify Date _____ To specify date of coverage provide a copy of the prior carriers policy to verify the current retroactive date.

Give the name of the insurance company, policy number and effective dates of your current pollution policy.

1. Do you own or operate any tanks not listed in this application subject to registration under the Natural Resources Conservation Commission regulations? Yes No

2. Are there or have there been any hazardous, toxic or regulated substances, stored at any sites for which application for insurance is being made other than: Gasoline, Diesel Fuel, Motor Oil or Kerosene? Yes No If yes, please list:

3. Have there been, or are there any fines, penalties or legal actions currently pending against the applicant, including state, federal or any other compliance order on any pollution incident? Yes No If yes, please explain:

4. At the time of signature, is the applicant aware of any circumstances which could give rise to a pollution incident with regard to any sites for which application for insurance is being made? Yes No If yes, please explain:

5. At the time of application, are all of the applicant's tanks listed in this application in compliance with effective regulations set forth by the United States Environmental Protection Agency and any state agency with responsibility for protection of its environment or authority to implement the regulations for protecting its environment? Yes No If no, please explain:

6. Have you had insurance for third-party pollution liability declined, cancelled or non-renewed? Yes No If yes, please explain:

7. Should a Certificate of Insurance be sent to your supplier? Yes No

Should your Supplier be added as an Additional Insured to the policy? Yes No

If so, give name, mailing address, city state and zip code of your supplier.

8. Should your landlord or lessee be added as an Additional Insured to the policy? Yes No

If so, give name, mailing address, city, state and zip code of your landlord.

The undersigned is authorized to sign this application declares to the best of his/her knowledge, that statements set forth are true. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose to misleading by withholding information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime. Signing the application does not bind the undersigned or insurance company to complete the insurance, but it is agreed this form shall be the basis of the contract should a policy be issued. Should a policy be issued, an enforcement of this application shall be in the same venue as enforcement of the contract provisions. The company is authorized to make any investigation and inquiry in connection with this application it deems necessary.

If the application becomes aware of a pollution incident at any site for which application for insurance is being made between the date of application and issuance of the policy, the applicant will notify the Company immediately of the event.

Name: _____ Title: _____

Signature: _____

Date: _____ Phone: _____

Agency: _____

Contact: _____ Phone: _____

THIS MUST BE COMPLETED FOR EACH LOCATION WITH AN UNDERGROUND STORAGE TANK

Facility Name ID # _____

Owned By: Applicant Other Operated By: Applicant Other

Street Address: _____

City: _____ State: _____ Zip: _____

Occupancy of this location? i.e. store, bulk plant, etc.: _____

HAVE THERE BEEN ANY POLLUTION RELATED LOSSES OR INCIDENTS OF ANY KIND AT THIS FACILITY?

Yes No If yes, give LPST number: LPST# _____

If re mediation is completed provide a case closure letter from your environmental consultant.

	Tank Number / TECQ Tank Number in TX	1	2	3	4	5	6
1) Status of Tank							
2) Tank Installation Date							
3) Product in Tank							
4) Tank Capacity in Gallons							
5) Tank Construction							
6) Leak Detection							
7) Piping Construction							
8) Piping System Design							
9) Are Tanks in Flood Zone A or B?							
10) Are Tanks at a Marina							
11) Are Tanks in a recharge Zone for an Underground Aquifer?							

1) Status of Tank - In Use (IU), Temporarily out of use (TOU) or Permanently out of use (POU). 2) Tank Installation Date - Give year. 3) Product in Tank - Gasoline (GAS), Diesel (DSL), Waste Oil (WO) or Other (O). 4) Tank Capacity in Gallons - Give Gallons. 5) Tank Construction - Steel with Cathodic Protection (SCP), Steel with Cathodic Protection with Liner (SCL), Fiberglass (FBGL), Steel with corrosion resistant coating (SC), Steel with corrosion resistant coating and Cathodic Protection: Example is a stiP3 tank system (SCP+), Steel clad with layer of noncorrosive material: Example is an ACT100 tank system (SNCM) or Other (O). 6) Leak Detection: TNRCC approved methods - Interstitial Monitoring (IM), Automatic Tank Gauging (ATG), Vapor Monitoring (VM), Groundwater Monitoring (GM), Statistical Inventory Reconciliation (SIR) or Other (O). 7) Piping Construction - Steel with Cathodic Protection (SCP), Reinforced Fiberglass (RF), Double Walled Steel with Secondary Containment (DWS), or Other (O). 8) Piping System Design - Suction (SUC), Pressure with Line Leak Detectors (PLLD) or Other (O). 9) Flood Zone - The agent handling your property insurance can answer this question. Answer YES or NO. 10) Marina - Answer YES or NO 11) Aquifer - Answer YES or NO

COMPLETE FOR EACH LOCATION WITH ABOVE GROUND TANK'S

Facility ID Number	Site Address - Street, City & Zip Code	Tank #	See #1 Below	See #2 Below	See #3 Below	See #4 Below	See #5 Below

#1 Tank Capacity in Gallons #2 Is the Tank registered? #3 Is the Tank UL approved? #4 Is the Tank Diked? If diked show with what material? #5 Is a Spill Prevention, Containment and Countermeasures Plan (SPCC) in effect?

UST Facility Operator Training Questionnaire

Named Insured: _____

Quote/Policy #: _____

Agency Name: _____

Facility Name: _____

ID #: _____

In accordance with Federal Law (the Energy Policy Act of 2005) the TCEQ adopted new rules on February 23, 2011, which created a new subchapter "N" in Title 30, Texas Administrative Code, Chapter 334 specifying new UST facility operator training requirements. Those new rules became effective March 17, 2011.

Please complete the following by listing all employees, by name, who qualify by class.

Class A Operator - An individual who must have general knowledge of the requirements of all applicable UST regulations, typically a facility owner or manager who can manage resources and personnel as necessary to maintain compliance with UST regulations.

_____	_____
_____	_____
_____	_____

Class B Operator - An individual who ensures the implementation of all applicable UST regulatory requirements at a facility and implements the day to day aspects of facility operations, maintenance and record keeping.

_____	_____
_____	_____
_____	_____

Class C Operator - An individual, typically a clerk, who controls the dispensing of fuel and is responsible for initial response to emergencies.

_____	_____
_____	_____
_____	_____
_____	_____

Signature

Name

Title: _____

Phone #: _____

Date: _____

Agency Contact: _____

Phone: _____

Thank you for your help and cooperation.