

QUESTIONNAIRE FOR ABOVE GROUND STORAGE TANK COVERAGE

(BOLLINGER CLUB INSURANCE PROGRAMS)

ALL QUESTIONS MUST BE COMPLETED IN FULL

PICTURES OF TANKS MUST BE INCLUDED

1. ACCOUNT NAME: _____
2. ACCOUNT ADDRESS: _____

3. NUMBER OF TANKS AT THE FACILITY (complete the following for each above ground storage tank): _____
4. TANK MANUFACTURER: _____
5. AGE OF TANK: _____ INSTALLATION DATE : _____
6. WAS THE TANK NEW AT INSTALLATION? _____
7. WHAT TYPE OF SAFETY ALARM EQUIPMENT IS BEING USED IN CONJUNCTION WITH THE TANK? _____

8. ARE THE TANK (S) DIKED _____ WILL DIKE HOLD FULL CONTENTS OF TANK(S)? _____
9. WHAT PRODUCT IS STORED IN THE TANK? _____
10. BRIEFLY DESCRIBE TANK CONSTRUCTION AND GALLONS OF EACH TANK: _____

11. HOW MANY FEET IS THE TANK FROM THE NEAREST BUILDING/EQUIPMENT? _____
WATER SOURCE? _____
12. WHAT SAFEGARDS ARE IN PLACE TO CONTROL ACCESS TO THE TANK? _____

13. DOES THE INSURED CURRENTLY HAVE UNDERGROUND STORAGE TANK(S)? IF SO IS IT STILL
USED? _____

USE SEPARATE SHEET OF PAPER IF MORE ROOM NEEDED:

APPLICATION IS FOR USE IN CONJUNCTION WITH THE CLUB PROGRAMS ONLY

Signed: _____ **Date:** _____

Title: _____