

## Above Ground Storage Tank Questionnaire - New York Only

All questions must be completed in full

Pictures of tanks must be included

Club Name: \_\_\_\_\_

Address: \_\_\_\_\_

Does the facility currently have underground storage tank(s)?    Yes     No

If yes, is it still in use?        Yes     No

Number of above ground storage tanks at the facility: \_\_\_\_\_

**Provide the following information on each tank:**

1. Manufacturer: \_\_\_\_\_
2. Age of Tank: \_\_\_\_\_ Installation Date: \_\_\_\_\_ Was the tank new at installation?    Yes     No
3. Provide a brief description of the tank's construction and size (gallons). \_\_\_\_\_  
 \_\_\_\_\_
4. What type of safety alarm equipment is being used in conjunction with the tank? \_\_\_\_\_
5. What product is stored in the tank? \_\_\_\_\_
6. Is the tank diked?    Yes     No     Will the dike hold the full contents of the tank?    Yes     No
7. What is the distance (in feet) of the tank from the nearest:  
 Building/Equipment \_\_\_\_\_ Lake \_\_\_\_\_ Stream \_\_\_\_\_ Well \_\_\_\_\_
8. Describe safeguards in place to control access to the tank: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Completed by (Print or type name)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature (Insured)

\_\_\_\_\_  
 Date

**In addition to signing above, the Insured's Acknowledgement on page 2 must be signed.**

**Contact: Club Program Division**

(P) 800.446.5311

(F) 973.921.2876

(E) Golf@RPSins.com

Additional Comments – Use separate sheet if necessary



BOLLINGER SPORTS & LEISURE

## Insured's Acknowledgement

*Please read the information below carefully as it explains the limited scope of the coverage and the potential coverage gaps inherent in the claims-made forms. Then sign and date in the indicated space below and return to your Insurance Agent.*

This policy is written on a claims-made basis. This policy provides no coverage for claims arising out of occurrences, incidents, or alleged wrongful acts, which took place prior to the retroactive date stated in the policy.

This policy covers only claims actually made against you while the policy remains in effect. All coverage under the policy ceases upon termination of the policy, except for the extended reporting period coverage, automatically in-force for one year after the policy expiration date. There is no additional charge made for the one-year Extended Reporting Period coverage.

Except for the ERP, there is no coverage for claims reported after the termination of coverage.

The length of the ERP is for one year from the expiration date of the policy. Upon expiration of ERP coverage a potential coverage gap may exist.

During the first several years of the claims-made relationship, claims-made rates are comparatively lower than occurrences rates and that substantial annual premium increases, independent of overall rate level increases can be expected, until claims-made relationship reaches maturity.

**"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars to the stated value of the claim for each such violation"**

By signing below, the applicant for claims-made pollution liability coverage acknowledges receipt of the above information from us.

\_\_\_\_\_  
Completed by (Print or type name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature (Insured)

\_\_\_\_\_  
Date

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