

TankSafe - Storage Tank Liability

Proposal Form

Instructions

- Please read the Important Information Section on page 7 before completing this Proposal Form.
- Provide any supporting information on a separate sheet using the Applicant’s letterhead and reference the applicable question number.
- This form must be completed, dated and signed by a principal of the Applicant.

Please contact us if you would like a hard copy of the relevant insurance policy or a summary of cover provided by Chubb.

Required Attachments:

- Summary of Environmental Site Assessments/Remediation (past, current, planned) (check if none)
- Storage Tank Inventory - By Location Document (Attachment I)
- Marina Questionnaire (Attachment II) (check if no marina exposure)

New Proposal Renewal

General Information

Proposer’s Company Name:					
Key Contact:					
Address:					
		State:		Postcode:	
Telephone:		Email:			
Website:					
Description of Business:					
Company is	Public	Private	Partnership	Joint Venture	Other:

Insured Entities

Please list subsidiary, predecessor, acquired, parent, affiliated or merged entities for which coverage is requested

Name of Entity	Date of Formation or Transaction	Percentage of Annual Gross Revenues Assigned to the Insured

Covered Locations

Please attach a list of all locations for which coverage is required in the following format

Company Name	Street Address (City, State, Post Code)	No. of USTs at this location	No. of ASTs at this location	Known Pre-existing Contamination Present?*	Facility Type**

Covered Locations (continued)

* If Yes, please provide details on a separate sheet. Include at a minimum

- Prior Environmental Site Assessments (including date performed)
- Past, current, planned sampling/remediation, etc.

** Facility Type:

- Airport
- Retail Store
- Petrol Service Station
- Marina
- Automobile/Other Motor Vehicle Facility
- Schools/Educational Services Facility
- Petroleum Bulk Station/Terminal
- Other (If "Other", please describe.)

Storage Tank Inventory - by Location

Please complete the Storage Tank Inventory - By Location form as attached to this application. (If more than one location, please make duplicates of the inventory form and complete a separate form for each location.)

Gross Revenues

Total Gross Revenues for Last Full Year of Account	\$
Estimated Gross Revenues for Current Year of Account	\$

Desired Effective Date of Coverage

a. Desired Retroactive Date / / Policy Inception Other

(In order to obtain retroactive coverage, you must provide copies of all prior policies for the corresponding time period.)

Limits of Liability and Self-Insured Retentions

Please indicate requested limits and retention levels

Limits of Liability	Per-Storage Tank Incident	\$
	Aggregate	\$
	Aggregate Legal Defence Expense Limit	\$
Self-Insured Retention	Per Loss	\$

Are any of the Tanks Single-Walled Storage Tanks (i.e. Bare Steel Tanks, Steel Tanks with Cathodic Protection, STIP ¾ Tanks)? Yes No N/A

If Yes, do the tanks have any form of tank lining? Yes No N/A

Were any of the Applicant's or any other party to the proposed insurance's storage tanks installed prior to 1975? Yes No

Are any of the Applicant's or any other party to the proposed insurance's storage tanks located within one (1) km of a body of water? Yes No

a. (If Yes, please complete the **Marina Questionnaire** form as attached to this application.)
Within the past five (5) years has the Applicant purchased this type of insurance coverage? Yes No

If Yes, please provide information regarding any such coverage and all available loss information.)
At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim against any insured? Yes No

Limits of Liability and Self-Insured Retentions
Please indicate requested limits and retention levels (continued)

Within the past five (5) years has the Applicant purchased this type of insurance coverage?

If **Yes**, please provide information regarding any such coverage and all available loss information.) Yes No

Are there currently, or have there historically been, any hazardous, toxic, or regulated substances stored at any of the locations for which this application for insurance is being made other than these products: Petrol, Diesel Fuel, Motor Oil, Fuel Oil, or Kerosene?

Were any tanks ever removed or decommissioned insitu or replaced at the location(s) wherethe scheduled tanks are currently located? Yes No

a. Will any scheduled storage tank(s) be removed, decommissioned or upgraded at any of the facilities for which coverage is sought under this policy within the next eighteen (18) months? Yes No

Does the Applicant and any other parties to the proposed insurance maintain a Spill Prevention and Counter Control Plan with regard to any aboveground tanks for which coverage is sought? (If "Yes", please provide a copy of such plan.) Yes No N/A

Within the past five (5) years have there been any reportable spills of regulated substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations, at the facility(ies) where the tanks the Applicant is seeking coverage for are located? Yes No

Within the past ten (10) years have any repairs or upgrades been performed on any tanks? Yes No

a. Are all underground storage tanks compliant with local regulations? Yes No

Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the Applicant or any other party to the proposed insurance? Yes No

Does the Applicant or any other party to the proposed insurance have knowledge of pollution conditions at any of the proposed covered locations? Yes No

At the time of signing this application, is the Applicant or any other party to the proposed insurance aware of any circumstances that may reasonably be expected to give rise to a claim against any party to the proposed insurance? Yes No

If Yes to any of the questions above, provide a description of the information, claim, or circumstance.

*It is understood and agreed that if any such Claims exist, or any such facts or circumstances exist which could give rise to a Claim, then those Claims and any other Claims arising from such facts or circumstances are excluded from the proposed insurance unless otherwise affirmatively stated in the Policy.

Instructions on Completing Attachment 1: Storage Tank Inventory by Location

- Attachment 1 provides the Insurer with the required information to quote the policy.
- All applicants must complete Attachment 1.
- All applicants must complete all line items in Attachment 1.
- Questions 1 - 7 must be completed using the coding provided in Attachment 1. As shown below.
- Important Note - If the Tank Construction Material is **Steel**, please indicate in Q2. Tank Construction Material if Cathodic Protection is fitted.

TankSafe Attachment 1: Storage Tank Inventory By Location

Facility Name:	Facility Address:	Facility ID #:
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Note: Questions 1 - 7 Must be answered using the codings below.

	Sample	1	2	3	4	5
Tank #	UST 001					
UST/AST	UST					
Install Date Year	2004					
Capacity (L)	100,000					
1. Contents	A					
2. Tank Construction Material	A,G					
3. Overfill/Spill Protection	C					
4. Tank Leak Detection	A,I					
5. AST Diking & Base Construction	Not Applicable					
6. Piping Construction Material	F					
7. Piping Leak Detection	D					

Use these codes within the corresponding row in the table

1. Contents	2. Tank Construction	3. Overfill/ Spill Protection	4. Tank Leak Detection	5. AST Diking & Base Construction	6. Piping Construction Material	7. Piping Leak Detection
A. Unleaded Fuel	A. Steel	A. Ball Check Valve	A. Groundwater Monitoring Wells	A. Concrete, Synthetic Material, clays	A. Steel	A. Electronic Line Leak Detector with Flow Shutoff
B. Gasohol	B. Fiberglass	B. Spill Containment Bucket	B. Interstitial Monitoring Wells	B. Other EPA/ DEP approved secondary containment system	B. Fiberglass	B. Interstitial Monitoring - Piping Filter
C. Diesel	C. FRP Clad Steel	C. Flow Shut-off	C. Vapor Monitoring Wells	C. Dirt/Earth	C. Double walled	C. External Monitoring of double wall piping
D. Kerosene	D. Concrete	D. Tight Fill High Level Alarms	D. Visual Inspections of AST Systems		D. Approved Synthetic Material	D. Mechanical Line Leak Detector
E. Waste Oil/ Used Oil	E. Polyethylene	E. Level Gauges, High Level Alarms	E. Other EPA/DEP Approved		E. Other EPA/DEP Approved Piping Material	E. Interstitial Monitoring of double wall piping
F. Fuel Oil	F. Other EPA/ DEP Approved	F. Other EPA/ DEP Approved Protection Method	F. SPCC Plan - AST		F. External Protective Coating	F. Suction Pump Check Valve
G. Generic Gasoline	G. Cathodic Protection - Sacrificial Anode		G. Interstitial Space - Double Walled Tank		G. C/P with sacrificial anode or impressed current	
H. Pesticide	H. Cathodic Protection - Impressed Current		H. Manual Tank Gauging - UST			
I. Ammonia compound	I. Double Walled (DW) Single Material		I. Statistical Inventory Reconciliation - (SIR) (USTs)			
J. Chlorine compound	J. Double Walled (DW) Dual Material		J. Automatic Tank Gauging System (USTs)			
K. Haz. Substance (CERCLA)	K. (DW) Synthetic Liner in Tank Construction		K. Interstitial Monitoring of AST tank bottom			
L. Mineral Acids	L. (DW) Pipeless UST with Secondary Containment		L. Annual Tightness Test with Inventor - (USTs)			
M. Grades 5&6 bunker 'C' oils	M. Internal Lining STI, STI-P3					
N. Petroleumbase additive (E85)						
O. Misc. petroleumbase						
P. Heating Oil						
Q. Other, please						

Attachment 1: Storage Tank Inventory by Location

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7. Piping Leak Detection	D					

1. Contents	2. Tank Construction	3. Overfill/Spill Protection	4. Tank Leak Detection	5. AST Diking & Base Construction	6. Piping Construction Material	7. Piping Leak Detection
A. Unleaded Fuel B. Gasohol C. Diesel D. Kerosene E. Waste Oil/ Used Oil F. Fuel Oil G. Generic Gasoline H. Pesticide I. Ammonia compound J. Chlorine compound K. Haz. Substance (CERCLA) L. Mineral Acids M. Grades 5&6 bunker 'C' oils N. Petroleumbase additive (E85) O. Misc. petroleumbase P. Heating Oil Q. Other, please	A. Steel B. Fiberglass C. FRP Clad Steel D. Concrete E. Polyethylene F. Other EPA/ DEP Approved G. Cathodic Protection - Sacrificial Anode H. Cathodic Protection - Impressed Current I. Double Walled (DW) Single Material J. Double Walled (DW) Dual Material K. (DW) Synthetic Liner in Tank Construction L. (DW) Pipeless UST with Secondary Containment M. Internal Lining . STI-P3	A. Ball Check Valve B. Spill Containment Bucket C. Flow Shut-off D. Tight Fill E. Level Gauges, High Level Alarms F. Other EPA/ DEP Approved Protection Method	A. Groundwater Monitoring Wells B. Interstitial Monitoring C. Vapor Monitoring Wells D. Visual Inspections of AST Systems E. Other EPA/ DEP Approved F. SPC Plan - AST G. Interstitial Space - Double Walled Tank H. Manual Tank Gauging - UST I. Statistical Inventory Reconciliation - (SIR) (USTs) J. Automatic Tank Gauging System (USTs) K. Interstitial Monitoring of AST tank bottom L. Annual Tightness Test with Inventor - (USTs)	A. Concrete, Synthetic Material, clays B. Other EPA/ DEP approved secondary containment system C. Dirt/Earth	A. Steel B. Fiberglass C. Double walled D. Approved Synthetic Material E. Other EPA/DEP Approved Piping Material F. External Protective Coating G. C/P with sacrificial anode or impressed current	A. Electronic Line Leak Detector with Flow Shutoff B. Interstitial Monitoring - Piping Filter C. External Monitoring D. Mechanical Line Leak Detector E. Interstitial Monitoring of double wall piping F. Suction Pump Check Valve

Attachment 2: Marina Questionnaire

Answer the following questions in relation to any facility identified as a “marina” or any storage tank(s) located within one (1) km of a body of water:

1. Please provide the facility name, full address and photo of the storage tank(s) and associated piping and appurtenances connected thereto.

2. Has a Spill Prevention, Control and Countermeasure Plan been completed within the past five (5) years? Yes No
 If **Yes**, please provide a copy of the report.

3. What is the distance from the storage tank to the nearest body of water? Less than 200m Less than 1km More than 1km
 Also, please provide a description of the environment surrounding the tank?

4. What is the distance from the facility to the nearest recreational swimming area on this body of water?
Less than 200m Less than 1km More than 1km

5. Is all piping associated with the storage tank double-walled?

6. Is the piping associated with the storage tank UV Resistant?

7. What year was the piping associated with the storage tank installed?
 Has the piping ever been tested? Yes No
 If **Yes** provide a copy of the test results.

8. Does the facility have piping that extends under the water? Yes No
 If **Yes**, please describe and provide the Spill Prevention, Control and Countermeasure Plan in place for this piping.

9. Does the facility have piping that extends over the water, including along bulkheads, docks or floating docks? Yes No
 If **Yes**, please describe and provide the Spill Prevention, Control and Countermeasure Plan in place for this piping.

10. Does the facility have a shut-off valve located on land that will stop the flow of product in the event of a release? Yes No
 If **Yes**, please describe the placement of the valve and shut-off process.

11. Are all dispensers associated with the storage tank protected from impact from boats or watercraft? Yes No
 If **Yes**, please describe how.

12. If the facility has aboveground storage tanks, do they have secondary containment? Yes No
 If **Yes**, please describe.

Declaration

On behalf of the applicant, I/we declare that:

- a) I/we have read and understood Chubb’s Financial Strength Rating, Duty of Disclosure and Privacy Statement in this form;
- b) all information provided (and where applicable, previously provided) is true and correct and I/we have made a fair presentation of the risk,
 by disclosing all material matters which I/we know or ought to know or, failing that, by giving the insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances;
- c) I/we undertake to inform the insurer promptly in writing of any material alteration to the facts declared that occurs prior to completion of the contract of insurance;
- d) I/we have obtained, and will obtain in the future, the consent to the disclosure and use of personal information from those persons whose personal information is supplied in relation to this form for the purposes of (i) underwriting the risks and (ii) administering and performing any resulting insurance contract.

This form must be signed by the applicant’s Chairman of the Board, Managing Director, Chief Executive Officer or Chief Financial Officer.

Signed			
Name		Date	
Position			

Important Information

In this section “We”, “Our” and “Us” means Chubb Insurance New Zealand Limited (Chubb). “You” and “Your” refers to Our customers and prospective customers as well as those who use Our website.

Duty of Disclosure

Your Duty of Disclosure

Before entering into a contract of insurance with Chubb, each prospective insured has a duty to disclose to Chubb information that is material to Chubb’s decision whether to accept the insurance and, if so, on what terms. This includes material information about the insured, any other people and all property and risks insured under the policy. Information may be material whether or not a specific question is asked.

There is the same duty to disclose material information to Chubb before renewal, extension, variation or reinstatement of a contract of insurance with Chubb. You should also provide all material information when You make a claim or if circumstances change during the term of the contract of insurance.

It is important that each prospective insured understands all information provided in support of the application for insurance and that it is correct, as each prospective insured will be bound by the answers and by the information they have provided.

The duty of disclosure continues after the application for insurance has been completed up until the time the contract of insurance is entered into.

Consequences of Non-Disclosure

If an insured fails to comply with their duty of disclosure, Chubb may be entitled, without prejudice to its other rights, to reduce its liability under the contract in respect of a claim or refuse to pay the entire claim. Chubb may also have the right to avoid the contract from its beginning. This means the contract will be treated as if it never existed and no claims will be payable.

Financial Strength Rating

At the time of print, Chubb has an “AA-” insurer financial strength rating given by S&P Global Ratings. The rating scale is:

The rating scale is:			
AAA Extremely Strong	BBB Good	CCC Very Weak	SD or D Selective default or default
AA Very Strong	BB Marginal	CC Extremely Weak	R Regulatory Action
A Strong	B Weak		NR Not Rated

The rating from ‘AA’ to ‘CCC’ may be modified by the addition of a plus (+) or minus (-) sign to show relative standings within the major rating categories. A full description of the rating scale is available on the S&P Global Ratings [website](#).

Our rating is reviewed annually and may change from time to time, so please refer to Our website for Our latest financial strength rating.

Fair Insurance Code

We are a member of the Insurance Council of New Zealand (ICNZ) and a signatory to ICNZ’s Fair Insurance Code (the Code). The Code and information about the Code is available at www.icnz.org.nz and on request.



Privacy Statement

This statement is a summary of Our privacy policy and provides an overview of how We collect, disclose and handle Your personal information. Our privacy policy may change from time to time and where this occurs, the updated privacy policy will be posted on Our [website](#).

Chubb is committed to protecting Your privacy. Chubb collects, uses and retains Your personal information in accordance with the requirements of New Zealand's Privacy Act, as amended or replaced from time to time.

Personal Information Handling Practices

When do We collect Your personal information?

Chubb collects Your personal information (which may include health information) from You when You interact with Us, including when You are applying for, changing or renewing an insurance policy with Us or when We are processing a claim, complaint or dispute. Chubb may also (and You authorise Chubb to) collect Your personal information from other parties such as brokers or service providers, as detailed in Our privacy policy.

Purpose of Collection

We collect and hold the information to offer products and services to You, including to assess applications for insurance, to provide and administer insurance products and services, and to handle any claim, complaint or dispute that may be made under a policy.

If You do not provide Us with this information, We may not be able to provide You or Your organisation with insurance or to respond to any claim, complaint or dispute, or offer other products and services to You or Your organisation.

Sometimes, We may also use Your personal information for Our marketing campaigns and research, to improve Our services or in relation to new products, services or information that may be of interest to You.

Recipients of the Information and Disclosure

We may disclose the information We collect to third parties, including:

- contractors and contracted service providers engaged by Us to deliver Our services or carry out certain business activities on Our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, professional advisers including lawyers, doctors and other medical service providers, credit reference bureaus and call centres);
- intermediaries and service providers engaged by You (such as current or previous brokers, travel agencies and airlines);
- other companies in the Chubb group;
- the policyholder (where the insured person is not the policyholder);
- insurance and reinsurance intermediaries, other insurers, Our reinsurers, marketing agencies; and
- government agencies or organisations (where We are required to by law or otherwise).

These third parties may be located outside New Zealand. In such circumstances We also take steps to ensure Your personal information remains adequately protected.

From time to time, We may use Your personal information to send You offers or information regarding Our products that may be of interest to You. If You do not wish to receive such information, please contact Our Privacy Officer using the contact details provided below.

Rights of Access to, and Correction of, Information

If You would like to access a copy of Your personal information, or to correct or update Your personal information, want to withdraw Your consent to receiving offers of products or services from Us or persons We have an association with, please contact the Privacy Officer by posting correspondence to Chubb Insurance New Zealand Limited, PO Box 734, Auckland; telephoning: +64 (9) 3771459; or emailing Privacy.NZ@chubb.com.

How to Make a Complaint

If You have a complaint or would like more information about how We manage Your Personal Information, please review Our [Privacy Policy](#) for more details, or contact Our Privacy Officer at the details above.

You also have a right to address Your complaint directly to the Privacy Commissioner by telephoning 0800 803 909, emailing enquiries@privacy.org.nz or using the online form available on the Privacy Commissioner's website at www.privacy.org.nz.

About Chubb in New Zealand

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries and territories, Chubb provides corporate and commercial property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London, Paris and other locations, and employs approximately 33,000 people worldwide.

Chubb's operation in New Zealand (Chubb Insurance New Zealand Limited) offers corporate and commercial property & casualty, group personal accident and corporate travel insurance products. Chubb in NZ also serves individuals with a substantial home and contents portfolio to protect, and individuals purchasing travel and personal accident insurance. It leverages global expertise and local acumen to tailor solutions to mitigate risks for clients ranging from large multinational companies to local corporates and SMEs, with all product offerings transacted through brokers.

More information can be found at www.chubb.com/nz.

Contact Us

Chubb Insurance New Zealand Limited
CUI-3, Shed 24
Princes Wharf
Auckland 1010
PO Box 734, Auckland 1140
O +64 9 377 1459
F +64 9 303 1909
www.chubb.com/nz

Company No. 104656
Financial Services Provider No. 35924

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