

## APPLICATION INSTRUCTIONS

### KANSAS UNDERGROUND STORAGE TANK LIABILITY PLAN

#### THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY

1. Applications must be fully completed and signed by applicant and by agent in order to obtain a premium quotation and offer of coverage.
2. Please type or print application. Illegible applications cannot be accepted.
3. The Plan affords coverage to assist tank owners in complying with EPA financial responsibility requirements. Therefore, you should request the EPA-required coverage limits (and only those limits) that apply to your facility(ies):

#### **For petroleum marketers (product stored for resale):**

If 100 or fewer tanks: \$1,000,000 per environmental incident/\$1,000,000 aggregate  
If more than 100 tanks: \$1,000,000 per environmental incident/\$2,000,000 aggregate

#### **For petroleum non-marketers (product stored for own use):**

If less than 10,000 gallons monthly throughput and 100 tanks or fewer:  
\$500,000 per environmental incident/\$1,000,000 aggregate  
If less than 10,000 gallons monthly throughput and more than 100 tanks:  
\$500,000 per environmental incident/\$2,000,000 aggregate  
If more than 10,000 gallons monthly throughput and 100 tanks or fewer:  
\$1,000,000 per environmental incident/\$1,000,000 aggregate  
If more than 10,000 gallons monthly throughput and more than 100 tanks:  
\$1,000,000 per environmental incident/\$2,000,000 aggregate

4. Submission of this application does not bind coverage. This application provides the servicing carrier with the information to determine eligibility and, if appropriate, issue a premium quotation. Coverage cannot be bound until payment for the full amount of the premium quotation has been made by the applicant.
5. Eligibility: To be eligible for coverage through this program, tanks must be located in the State of Kansas, be registered with KDHE, and be in compliance with Federal and State technical requirements.

Submit Application to: Great American Alliance Insurance Company  
KUST Liability Plan  
Marsh & McLennan Agency  
7015 College Blvd., Ste. 400  
Overland Park, KS 66211-1671  
913-491-1999 (Telephone)  
913-906-0088 (Fax)



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**APPLICATION  
 KANSAS UNDERGROUND STORAGE TANK LIABILITY PLAN  
 THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY**

1. Agent Name:	2. Telephone Number: (      )
1a. Agent Address:	
1b. Agent Email Address:	
3. Agent Federal ID Number:	3. Fax Number: (      )
3a. Kansas Insurance License Number:	
5. Name of Applicant (Owner or Operator):	5. Telephone: (      )
7. Address (Street, City or County, State, Zip Code):	
8. Is the applicant in the business of petroleum production or refining and qualifies for self-insurance of tanks according to EPA guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," applicant is ineligible for coverage through this plan.	
9. Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other: _____	
9a. Applicant is: <input type="checkbox"/> Tank Owner <input type="checkbox"/> Tank Operator <input type="checkbox"/> Other: _____	
10. Type of Operation: <input type="checkbox"/> Petroleum marketer (product stored for resale) <input type="checkbox"/> Petroleum non-marketer (product stored for own use)	
11. Limits Requested (see application instructions) <input type="checkbox"/> \$500,000 per environmental incident/\$1,000,000 aggregate <input type="checkbox"/> \$1,000,000 per environmental incident/\$1,000,000 aggregate <input type="checkbox"/> \$500,000 per environmental incident/\$2,000,000 aggregate <input type="checkbox"/> \$1,000,000 per environmental incident/\$2,000,000 aggregate	
12. Deductible requested: <input type="checkbox"/> \$2,500 per environmental incident <input type="checkbox"/> \$5,000 per environmental incident <input type="checkbox"/> \$10,000 per environmental incident	13. Requested Effective Date:
14. Have you ever had a pollution incident or claim made against you at any of your locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please provide details of any incident or claim associated with your ownership or operation of an underground storage tank. Provide the site address, the date the leak/spill first commenced (if known), the cause of the incident, extent of the contamination, clean up procedure, and current status of the site. Use attachments, as necessary.  _____ _____ _____ _____	
15. Please identify policy number, term and carrier for your most recent UST pollution liability policy, if any. If you have no prior coverage, state "none."  _____ _____ _____	

16. Please list additional insured(s) for which coverage is requested, along with mailing addresses, and interest in the insured tank (provide KDHE Tank No.) Additional Insureds will only be added if they are an owner or operator and are otherwise eligible pursuant to the Kansas Storage Tank Act.

KDHE TANK NUMBER	NAME AND ADDRESS	INTEREST

17. At the time of this application, are you aware of any event or situation which could give rise to a claim under policy?

Yes    No

If "yes," please describe in detail, using attachments, as necessary.

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18. Is or was this site identified on any federal, state or local agency list due to a confirmed or suspected discharge of pollutants?

Yes    No   Case No. \_\_\_\_\_

19. Are all tanks at every site being insured?

Yes    No   If "no," please attach diagram for any site with uninsured tanks, designating tanks to be insured (with KDHE registration number) and not insured.

20. Are the scheduled tanks currently in compliance with all Federal and State technical regulations concerning leak detection, corrosion protection and spill/overfill prevention?

Yes    No   If "no," attach supplement describing item(s) of non-compliance.

21. Have any subsurface analyses, tank/line integrity tests or other environmental testing been performed within the 12 months preceding this application?

Yes    No   If "yes," please attach copies of all such tests.

22. In what type of area is the site located? (Check all that apply).

Rural    Urban    Residential    Commercial

23. Is the site within ½ mile of the following? (check all that apply).

Surface Water Bodies    Public/Private Water Wells  
 Underground Storage    Aboveground Storage Tanks    No

The undersigned applicant declares that to the best of his/her knowledge the statements set forth herein are true and correct. The undersigned further agrees that this application and any material submitted therewith shall be the basis of a contract should a policy be issued. A copy of the application will be attached to and be part of the issued policy.

\_\_\_\_\_  
APPLICANT'S SIGNATURE & TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGENT'S SIGNATURE

\_\_\_\_\_  
DATE

**GREAT AMERICAN ALLIANCE INSURANCE COMPANY**

**SCHEDULE OF TANKS FOR WHICH INSURANCE IS REQUESTED**

Site Address	TANK							LINE			
	KDHE Site/Tank No.	Product Stored	Spill/Overfill	Capacity	Age	Construction	Leak Detection	Type	Age	Construction	Leak Detection
<i>Example: Street Address City, State</i>	<i>00000-000</i>	<i>Unleaded</i>	<i>Yes/Yes</i>	<i>10K</i>	<i>7</i>	<i>FRP</i>	<i>ATG</i>	<i>P</i>	<i>7</i>	<i>FRP</i>	<i>T1</i>

**TANK AND LINE CONSTRUCTION CODES:**

BS = Bare Steel  
 CPS = Cathodically Protection Steel  
 FCS = Fiberglass Coated Steel  
 FRP = Fiberglass  
 FLS = Fiberglass Lined Steel  
 DW = Double Walled (Use as prefix with other construction codes)

**LINE TYPE CODES:**

Pressurized = P  
 Suction = S  
 None = N (e.g., waste oil tank)  
 Safe Suction System = O

**TANK AND LINE LEAK DETECTION CODES:**

Monthly inventory control and annual tightness testing (tank, line) T1  
 Monthly inventory control and testing every five years (tank) T5  
 Monthly inventory control and weekly tank gauging (tanks ≤1000 gallons) MTG  
 Mechanical Line Leak Detector (pressurized line only) MLD  
 Annual Line Tightness Testing (pressurized or suction line only) T1  
 Line Tightness Testing Every three years (suction line only) T3  
 No Requirement (safe suction line only) NR

**Monthly Monitoring**

Interstitial monitoring INT  
 Automatic tank gauging (tanks only) ATG  
 Automatic Vapor Monitoring AVM  
 Manual Vapor Monitoring MVM  
 Automatic Groundwater Monitoring AGM  
 Manual Groundwater Monitoring MGM  
 Electronic Line Leak Detection (pressurized line only) ELD  
 Statistical Inventory Reconciliation SIR  
 Other: \_\_\_\_\_