

# Storage Tank Data Sheet

This form must be completed and signed in duplicate. One signed copy will be attached to the insured's policy, if issued, and one will be attached to the Insurer's copy of the policy.

It is essential that all questions be answered fully, giving details applicable to each location. If more than one form is necessary, please complete all forms in their entirety. Every space must be completed or stroked out (-).

Applicant: \_\_\_\_\_

Location: \_\_\_\_\_

USE A SEPARATE COLUMN FOR EACH TANK				
Storage Tank Identification	#1	#2	#3	#4
1. Is tank: (a) Underground (b) Aboveground	(a) <input type="checkbox"/> (b) <input type="checkbox"/>	(a) <input type="checkbox"/> (b) <input type="checkbox"/>	(a) <input type="checkbox"/> (b) <input type="checkbox"/>	(a) <input type="checkbox"/> (b) <input type="checkbox"/>
2. Year each tank was installed:				
3. Capacity (litres/Imp. gal.):				
4. Was tank: (a) New when installed? (b) Indicate name of installer:	Yes <input type="checkbox"/> No <input type="checkbox"/> 	Yes <input type="checkbox"/> No <input type="checkbox"/> 	Yes <input type="checkbox"/> No <input type="checkbox"/> 	Yes <input type="checkbox"/> No <input type="checkbox"/> 
5. Tank Construction: (a) Steel: (b) Fibreglass Reinforced Plastic (FRP): (c) Other (specify):	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. If steel tank, specify corrosion protection: (a) Cathodic: CAN4-603.1M ULC Standard (b) Bituminous (tar) Coating: (c) Other (specify):	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Piping System Construction: (a) Steel: (b) Fibreglass: (c) Other (specify):	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Does Secondary containment exist for: (a) Tank: (b) Piping:	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9. If steel piping, specify corrosion protection: (a) Cathodic: (b) Bituminous: (c) Other (specify):	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**USE A SEPARATE COLUMN FOR EACH TANK**

<b>Storage Tank Identification</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>
10. If cathodic protection is used for corrosion protection, state the year installed:				
(i) (a) Tanks:	(a) _____	(a) _____	(a) _____	(a) _____
(b) Pipes:	(b) _____	(b) _____	(b) _____	(b) _____
(ii) (a) When was the last cathodic protection voltage measurement taken?				
(b) By whom?				
(c) What were the results?				
11. Aboveground tank construction:	Yes No	Yes No	Yes No	Yes No
(i) Is there any tank support so that any leakage is visible?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(ii) Is tank protected against collision impact?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(iii) Are there any underground pipes or connections?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(iv) Indoors tank: Will any product loss enter the sewage system	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12. Leak detection exists for:	Yes No	Yes No	Yes No	Yes No
(a) Tank	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(b) Piping	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(c) Have the tank and pipes been leak tested?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Identify date of latest test:	/ /	/ /	/ /	/ /
Type of test:				
Result of test:				
13. Pumping leak detection:	Yes No	Yes No	Yes No	Yes No
(a) Are flexible connectors used in the piping system?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(b) Is a submerged turbine pump in place? <i>(If Yes, go to questions 14)</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(c) If the answer to #13(b) is "No", describe the type of pump used:				
(d) Describe the leak detection provided for the pumping system:				
14. (a) Type of product stored:				
(b) Is tank part of an oil/water separator?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Does the tank have overfill protection devices?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

16. (a) Is the premises: <input type="checkbox"/> owned <input type="checkbox"/> leased	(b) If leased, when was your first year of occupancy?	
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	Yes	No
17. (a) (i) Is there a product inventory record for each tank in accordance with Provincial regulations?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Is there a product reconciliation system for each tank?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Are the inventory reconciliation figures for each tank reviewed to identify trends which could indicate a leak? Frequency of review: _____	<input type="checkbox"/>	<input type="checkbox"/>
(c) What is the maximum variance allowed between inventory record and the current meter reading? _____		
(d) Are underground tanks checked for water content?	<input type="checkbox"/>	<input type="checkbox"/>
(e) Please indicate if you maintain permanent records on:		
- Cathodic Protection Voltage Measurements	<input type="checkbox"/>	<input type="checkbox"/>
- Impressed voltage current system checks	<input type="checkbox"/>	<input type="checkbox"/>
- Line leakage detection system tests	<input type="checkbox"/>	<input type="checkbox"/>
- Leak detection tests	<input type="checkbox"/>	<input type="checkbox"/>
- Inspections, tests or maintenance checks of storage tank system equipment	<input type="checkbox"/>	<input type="checkbox"/>
18. Are you aware of any incident(s) that could give rise to a claim(s) against you for pollution? <i>If Yes, give details:</i>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have a Tank Certificate or registration? <i>If Yes, attach a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
20. Tanks located within 200 metres of a well, a surface water body, or a major underground structure?	<input type="checkbox"/>	<input type="checkbox"/>
21. Is there a written emergency procedure outlining actions to be taken in the event of a leak or a spill?	<input type="checkbox"/>	<input type="checkbox"/>
22. Draw a site diagram showing the locations of all above and underground tanks on the back page.		

**I declare that to the best of my knowledge, all the information on this data sheet is true and that these statements are the declarations upon which insurance coverage is provided. Signing this form does not bind the applicant to complete the insurance, but it is agreed that this form shall constitute a warranty should a policy be issued.**

**It is further agreed that should a policy be issued, the applicant shall maintain, operate and monitor tankage covered under an issued policy in accordance with provincial regulations and the information supplied on this application where it is in excess of provincial regulations.**

**ANY INACCURACY OR MISREPRESENTATION MAY VOID INSURANCE COVERAGE.**

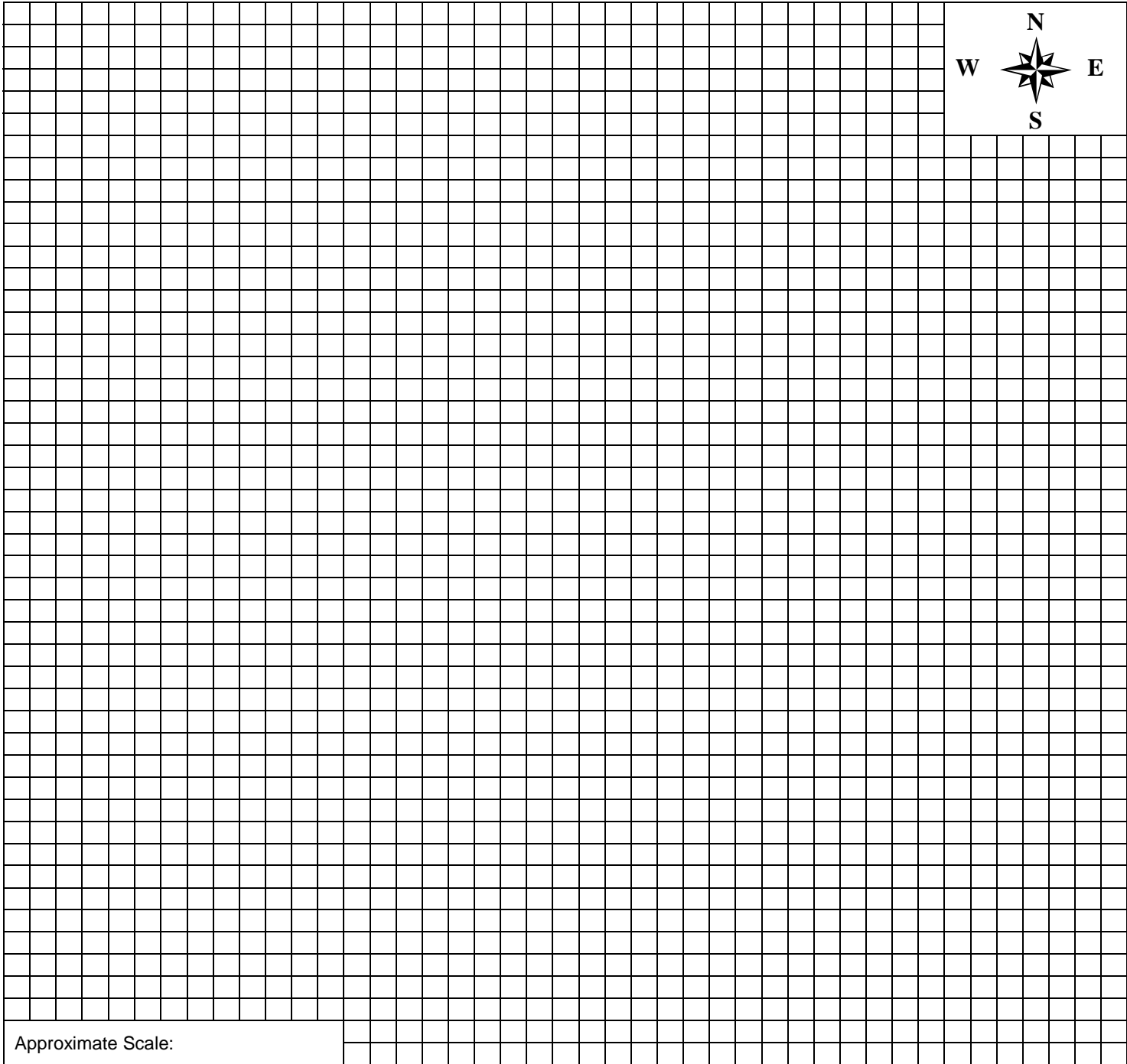
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of an Executive Officer of the Named Insured  
if a corporation, or owner or partner if otherwise














\_\_\_\_\_  
Broker

\_\_\_\_\_  
Title

**Attached to and forming part of Policy No.:** \_\_\_\_\_



**LEGEND**

- |  |   |   |
|--|---|---|
|  Water Source for Fire Fighting or Fire Hydrant |  River, Creek, Stream, Lake or any Waterbody |  Property Boundary                             |
|  Above Ground Storage Tank                      |  Well  |  Fire Extinguisher                             |
|  Below Ground Storage Tank                      |  Sewer                                       |  Hazardous/Toxic Substances/ Pollutant Storage |
|  Drain  |  Waste Disposal Area                         |  Loading/Unloading Area                        |
|  |  Compressed Gas                              |   |