



ABOVE-GROUND STORAGE TANK SUPPLEMENT
To be attached to the Site Specific Legal Liability Application

ROCK HILL
INSURANCE COMPANY

NOTE: This Supplement must include all Above-ground storage tanks containing a volume of 1,000 gallons or more.

1. Applicant's Name:
2. Were all tanks listed on the following schedule new at the time of installation? Yes No If no, please provide details regarding the date manufactured and any upgrades or changes made to the tank(s) since the date manufactured.
3. Does any location for which insurance is being sought have a total storage capacity in excess of 100,000 gallons (i.e. tank farm)? Yes No Are any tanks listed on the following schedule subject to a Spill Prevention, Control and Countermeasure (SPCC) Plan? Yes No
4. Have any repairs or upgrades (including relining) been performed within the past ten years for any tank listed on the following schedule? Yes No If yes, please provide details as to the repairs or upgrades performed.
5. Are there any plans to upgrade or remove any of the tanks listed on the following schedule within the next 12 months? Yes No If yes, please provide details as to the plans for removal or upgrading.
6. Are all pipes associated with the tanks listed on the following schedule aboveground? Yes No If no, please provide dates of most recent below ground piping tightness test.

**Please complete the following schedule for each location
for which coverage is being sought.**

1. Applicant's Name:

2. Applicant's Address:

3. Facility Name:

4. Facility ID #:

Above Ground Storage Tank Schedule

Tank ID #	Capacity (Gallons)	Date Installed	Construction Select from (1) Below	Contents Select from (2) below	Testing Select from (3)	Secondary Containment and capacity % (please note if no secondary containment is in place) Select from (4) below	Is the tank lined?	Date last tested	Active and In Use?
							Yes No		Yes No
							Yes No		Yes No
							Yes No		Yes No
							Yes No		Yes No
							Yes No		Yes No
							Yes No		Yes No

(1) Tank Piping / Construction Materials

MET = Steel or other metal
FB/S = Fiberglass or synthetic
OTHER = Other (please specify)

(2) Contents

GAS = Gasoline
SOLV = Solvents
WO = Waste Oil
DIESEL = Diesel Fuel
JET = Jet Fuel
CAUST = Caustics
OTHER = Other (please specify)

(3) Testing

HYDRO = Hydrostatic testing
RADIO = Radiographic testing
ULTRA = Ultrasound testing
OTHER = Other (please specify)

(4) Secondary Containment

EARTH = Earthen Berm
CONCR = Concrete Berm
DOUBLE = Double-walled tank
PAN = Pan Containment
OTHER = Other (please specify)

Form Completed by:

Date: