



**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.**

<b>1. Applicant's Name:</b>
<b>2. Were all tanks listed on the following schedule new at the time of installation?      Yes      No</b> If no, please provide details regarding the date manufactured and any upgrades or changes made to the tank(s) since the date manufactured.
<b>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</b> Are any tanks listed on the following schedule subject to a Spill Prevention, Control and Countermeasure (SPCC) Plan?      Yes      No
<b>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</b> If yes, please provide details as to the repairs or upgrades performed.
<b>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</b> If yes, please provide details as to the plans for removal or upgrading.
<b>6. Are all pipes associated with the tanks listed on the following schedule aboveground?      Yes      No</b> 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: