



M. U. Johnston and Company

INSURANCE

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POLLUTION LIABILITY INSURANCE APPLICATION FOR UNDERGROUND AND ABOVE GROUND STORAGE TANKS

1. Applicant Name: _____
Address: _____
City: _____ County: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Contact Person: _____

2. What is the date your business was established? _____

3. Type of operation (check all that apply):
____ tank owner _____ tank operator _____ owner/dealer
____ jobber _____ lessee/dealer _____ other: _____

4. Are you a subsidiary of another company? Yes No
If yes, please explain: _____

5. List all required additional insureds and their relationship to the applicant: _____

6. Limits Requested (subject to availability and company discretion)
_____ per pollution incident
_____ policy aggregate

7. Deductible requested: \$ _____ per pollution incident
(a minimum deductible of \$5,000 is required)

8. Defense Costs Limit: _____ \$100,000 _____ \$200,000 _____ \$500,000
_____ Other: _____

9. At the time of this application are you aware of any pollution related losses or incidents, of any kind, at any site being considered for coverage? Yes No
If yes, please explain (attach additional sheets if necessary) _____

10. Describe your inventory reconciliation program: _____

