



Facility No. ____ of ____

Storage Tank Liability Coverage

Facility Name: _____

No. of USTs at this facility: _____

Facility/Storage Tank Inventory

Address: _____ City: _____ State: _____ USA

ZIP: _____ Facility EPA ID #: _____

Which form of Tank Maintenance/Record Keeping is utilized at this facility?

- Statistically Inventory Reconciliation with Annual Tank Tightness Testing (SIR)
Automatic Tank Gauging/Electronic Monitoring (ATG)

Do you have a Written Tank Management Plan for this Facility? yes no

Loss History Information for this Facility:

- No pollution related clean-ups or 3rd party claims at this facility in past 10 years
Pollution at facility in past 10 years, resolved with regulatory closure

Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility? yes no

Table with 5 columns: Tank No., Installation Date, Tank Construction, Tank Size (gallons), Tank Contents. Multiple rows for data entry.

(use additional rows/pages as need)