

OIL TANK QUESTIONNAIRE

CURRENT PHOTOGRAPHS (NOT MORE THAN 6 MONTHS OLD) ARE REQUIRED WITH THIS QUESTIONNAIRE

APPLICANT INFORMATION		
Name of Insured:		
Risk Location Address: Phone:		
Broker:		
Policy Number:		
UNDERWRITING		
Distance from the tank to the house: <input type="checkbox"/> Feet <input type="checkbox"/> Meters		
Clear space of at least 60 centimetres (24 inches) from all exposed sides: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Vent pipe at least 15 centimeters (6 inches) higher than the fill pipe: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Loop in supply line just before the tank connection: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>Note: A loop is required to allow movement due to frost to prevent the line from becoming stretched or severed.</i>		
Tank located on a level concrete platform or floor: Yes <input type="checkbox"/> No <input type="checkbox"/>	Tank within 1.5 metres (5 feet) of a heat source: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the oil tank double-walled: Yes <input type="checkbox"/> No <input type="checkbox"/>	Fuel line protected: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there secondary containment: Yes <input type="checkbox"/> No <input type="checkbox"/>	Tank protected from vehicle impact: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tank supported against shifting: Yes <input type="checkbox"/> No <input type="checkbox"/>	Photograph Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Oil tank is serviced by a qualified person annually: Yes <input type="checkbox"/> No <input type="checkbox"/> Date of last service:		
Tank inspected by a qualified person: Yes <input type="checkbox"/> No <input type="checkbox"/> Date of last inspection:		
Tank filled year-round: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are there any unused tanks on premises: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please describe any prior losses or problems related to the oil tank or its installation:		
TANK DETAILS		
Location of tank:	Exterior: <input type="checkbox"/> In-Ground <input type="checkbox"/> Above Ground	Interior: <input type="checkbox"/> In-Ground <input type="checkbox"/> Above Ground
Age of Tank:	Year Installed:	Tank Capacity:
Tank is professionally installed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Tank is painted with a rust proof paint: Yes <input type="checkbox"/> No <input type="checkbox"/>
Fumes or odours evident: Yes <input type="checkbox"/> No <input type="checkbox"/>		Signs of leakage/spillage: Yes <input type="checkbox"/> No <input type="checkbox"/>
Tank is labeled: Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> ULC <input type="checkbox"/> CSA <input type="checkbox"/> Other, please describe:
COMPLETED BY:		BROKER NAME: