



Oil Tank Supplement

ABEX Affiliated Brokers Exchange Inc.
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Broker Code:

Effective Date:

Broker Name:	Contact:
Address:	
Full Name of all Insureds:	
Mailing Address:	
Risk Address:	

1. Location of oil tank:

2. Year tank was manufactured:

3. Manufacturer:

4. Tank type: Steel (12 gauge – 2.5mm)

 Steel (14 gauge – 2mm)

 Fiberglass

5. Tank Construction: Double Walled Single Walled Other

*****Note: inground, underground and single wall - 14 gauge tanks are not written.*****

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|---|-----|----|
| 6. Was the tank new when installed? | Yes | No |
| 7. Is the tank labeled CSA/ULC certified and are filters ULC approved? | Yes | No |
| 8. Is the tank and the floor/ground surrounding the tank stain free? | Yes | No |
| 9. Is the tank and equipment rust free? | Yes | No |
| 10. Is the fuel supply line protected from physical damage, and safe from vehicle impact? | Yes | No |
| 11. Is the tank located on any floor other than the lowest level? | Yes | No |

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|---|-----|----|
| 12. Is there a shared well or waterway (i.e. stream, creek, pond, lake) within 100 ft of the oil tank? | Yes | No |
| 13. Does the supply line pass through any concrete floor? | Yes | No |
| 14. Is fuel delivered by anyone other than a qualified Fuel Oil Supplier? | Yes | No |
| 15. Is the tank installed on anything other than a concrete slab or block? | Yes | No |
| 16. Is the tank filter located outside the dwelling? | Yes | No |
| 17. Are there any oil tanks on the property that are no longer feeding fuel oil to the heating system? | Yes | No |
| 18. Has a qualified Oil Burner Technician, Fuel Oil Supplier, or Loss Prevention Officer identified any <u>immediate hazard</u> ? | Yes | No |
| 19. Are there any past, current or ongoing spills involving your property?
If yes, please provide details: | Yes | No |
| 20. Do you have an annual service contract with an Oil Burner Technician? | Yes | No |

Please attach a copy of a recent Oil Burner Technician inspection.

Any other comments (if any):

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Signature(s) of All Named Insured(s) (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date:

**Absolutely NO COVERAGE is given by this application form.
Coverage is only given upon written confirmation of binding from ABEX.**

<p>This Section is For Broker Use Only</p> <p>*</p> <p>* If clicking on Submit button above doesn't bring up a new email with this application attached to it, please try using Internet Explorer or email the application to quotes@abexinsurance.com or fax it to 1-855-821-7060.</p>
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