



ACE American Insurance Company
436 Walnut Street
Philadelphia, PA 19106

**ACE TankSafe®
Storage Tank Liability
Insurance Policy
Quotation**

ACE ENVIRONMENTAL RISK

QUOTE NO: Q95712
A.M. BEST RATING: A++ XV

DATE: 03/16/2015
TO: McGriff, Seibels & Williams of Texas, Inc.

NAMED INSURED: Jefferson County

INCEPTION DATE: 04/06/2015
EXPIRATION DATE: 04/06/2016

RETROACTIVE DATE: See attached Schedule of Covered Storage Tanks

POLICY LIMITS:	\$1,000,000	Per Storage Tank Incident Limit of Liability (Claims and Remediation Costs)
	\$2,000,000	Aggregate Limit of Limit of Liability (Claims and Remediation Costs) for all Storage Tank Incidents
	\$1,000,000	Aggregate Limit of Liability for all Legal Defense Expenses for all Storage Tank Incidents
	\$3,000,000	Total Policy Aggregate Limit of Liability for all Storage Tank Incidents

DEDUCTIBLE: \$25,000 Per Storage Tank Incident

PREMIUM*: \$4,913.00

This premium shall be 0% minimum-earned as of the inception date of the policy identified above.

NUMBER OF COVERED STORAGE TANKS: See attached Schedule of Covered Storage Tanks

Terms & Exclusions: This quotation contemplates the use of ACE USA forms, issued on the paper indicated below. All terms and conditions are per those forms and endorsements unless otherwise noted herein.

PF-31181 (10/10) ACE TankSafe® Storage Tank Liability Insurance Policy

Endorsements: See Attachment A

Subjectivities: See Attachment B

OFAC NOTICE: The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency." OFAC has identified and listed numerous Foreign agents, Front organizations, Terrorists, Terrorist organizations, and Narcotics traffickers as "Specially Designated Nationals and Blocked Persons." This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>. In accordance with OFAC regulations, if it is determined that you or any other proposed named insured has violated U.S. sanctions law or is a Specially Designated National or Blocked Person, as identified by OFAC, we reserve the right to withdraw this quote at any time prior to binding.

The U.S. Foreign Account Tax Compliance Act, commonly known as "FATCA", became the law in the U.S. in March of 2010 and becomes effective July 1, 2014. Pursuant to FATCA, brokers, producers, agents and/or clients may need to obtain withholding certificates from insurance companies. For information on how to obtain the applicable withholding certificate from ACE U.S. insurance companies, please go to <http://www.acegroup.com/us-en/businesses/foreign-account-tax-compliance-act-fatca.aspx>.

Please read this quotation carefully, as the limits, coverage and other terms and conditions may vary significantly from those requested in your submission and/or from the expiring policy. Terms and conditions that are not specifically mentioned in this quotation are not included. The terms and conditions of this quotation supersede the submitted insurance specifications and all prior quotations. Actual coverage will be provided by and in accordance with the policy as issued.

The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is reflected in the policy or in an agreement signed by someone authorized to bind the insurer.

This quotation has been constructed on reliance of the data provided in the submission. A material change or misrepresentation of that data voids this quotation.

THIS BINDABLE QUOTATION SHALL EXPIRE SEVENTYFIVE (75) DAYS FROM THE DATE INDICATED AT THE TOP OF THIS DOCUMENT OR NO LATER THAN THE INCEPTION DATE OF COVERAGE.

THE PREMIUM INDICATED ABOVE MUST BE REMITTED TO US WITHIN THIRTY (30) DAYS OF THE INCEPTION DATE.

Thank you for the opportunity to quote on this risk. For underwriting questions or concerns, please contact Carlos Mora at 2156405212 (phone) or Carlos.Mora@acegroup.com (email).

***POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

You are notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury---in concurrence with the Secretary of State, and the Attorney General of the United States---to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Terrorism Risk Insurance Act premium: \$0

SCHEDULE OF COVERED STORAGE TANKS

Insured Facility Name and Address	Tank ID No.	Tank Size (gal.)	Tank Type (UST or AST)	Retroactive Date
Correctional Facility 5030 Hwy 69 South Beaumont Texas 77705	1	6,000	UST	04/06/2006
Correctional Facility 5030 Hwy 69 South Beaumont Texas 77705	2	2,500	UST	04/06/2006
SE Tx Regional Airport 4875 Parker Drive Beaumont Texas 77705	1	20,000	AST	04/06/2006
SE Tx Regional Airport 4875 Parker Drive Beaumont Texas 77705	2	15,000	AST	04/06/2006
SE Tx Regional Airport 4875 Parker Drive Beaumont Texas 77705	3	15,000	AST	04/06/2006
SE Tx Regional Airport 4875 Parker Drive Beaumont Texas 77705	2	20,000	AST	04/06/2006
Precinct 1 20205 W Hwy 90 China Texas 77613	1	4,000	AST	04/06/2006
Precinct 2 7759 Viterbo Road Beaumont Texas 77705	1	2,000	AST	04/06/2006
Precinct 2 7759 Viterbo Road Beaumont Texas 77705	2	2,000	AST	04/06/2006

Precinct 3 5700 Jade Avenue Port Arthur Texas 77640	1	3,000	AST	04/06/2006
Precinct 3 5700 Jade Avenue Port Arthur Texas 77640	2	5,000	AST	04/06/2006
Precinct 4 7780 Boyt Road Beaumont Texas 77713	2	2,000	AST	04/06/2006
Precinct 4 7780 Boyt Road Beaumont Texas 77713	1	2,000	AST	04/06/2006
Service Center Jerry Ware Drive Nederland Texas 77701	1	12,000	AST	04/06/2006
Sabine Pass Port Authority 5960 1st Avenue Sabine Pass Texas 77655	1	8,000	AST	10/14/2008
Sub Courthouse 525 Lakeshore Drive Port Arthur Texas 77640	1	2,000	AST	04/06/2006

ATTACHMENT A

ENDORSEMENTS

1	PF-31164	Schedule Of Covered Storage Tanks Endorsement
2	PF-31172	Financial Responsibility Condition Endorsement
3	PF-34075	Closure, Removal or Replacement Amendatory Endorsement
4	CC-1K11h	Signatures
5	PF-23728	Terrorism Risk Insurance Act Endorsement
6	TRIA11b	Disclosure Pursuant To Terrorism Risk Insurance Act
7	ALL-20887	Producer Compensation Practices-Policies Policyholder Notice
8	PF-31847	Texas Amendatory Endorsement
9	ALL-11559d	Risk Control Services For Texas Policyholders
10	ALL-4Y30e	Information And Complaints
11	ALL-21101	Trade or Economic Sanctions Endorsement
12	ILP0010104	OFAC Advisory Notice to Policyholders
13	PF-31156	Aboveground Storage Tanks Aggregate Sublimit Of Liability Endorsement
14	PF-31182	Underground Storage Tanks Aggregate Sublimit Of Liability Endorsement

ATTACHMENT B

SUBJECTIVITIES

ALL TERMS, CONDITIONS, AND PRICING ARE SUBJECT TO RECEIPT, REVIEW AND APPROVAL OF THE
FOLLOWING ITEMS **PRIOR TO BINDING**



ACE TANKSAFE®
Storage Tank Liability
Insurance Policy

APPLICATION

Instructions:

- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide any supporting information on a separate sheet using the Applicant's letterhead and reference the applicable question number.
- Check Yes or No answers.
- This form must be completed, dated and signed by a principal of the Applicant.

Required Attachments:

- Copies of the Applicant's past two (2) years of audited financial statements and annual reports
- Summary of Environmental Site Assessments/Remediation (past, current, planned) ☐ (check if none)
- Storage Tank Inventory – By Location Document (Attachment I)
- Marina Questionnaire (Attachment II) ☐ (check if no marina exposure)

NOTICE TO APPLICANT: THE COVERAGE APPLIED FOR IS SOLELY AS STATED IN THE POLICY AND ANY ENDORSEMENTS ATTACHED THERETO. THE POLICY PROVIDES COVERAGE FOR THIRD-PARTY LIABILITY ON A CLAIMS-MADE AND REPORTED BASIS, WHICH COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER, IN WRITING, DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE POLICY ALSO PROVIDES COVERAGE FOR FIRST-PARTY REMEDIATION COSTS ON A DISCOVERED AND REPORTED BASIS, WHICH COVERS ONLY STORAGE TANK INCIDENTS FIRST DISCOVERED AND REPORTED TO THE INSURER, IN WRITING, DURING THE POLICY PERIOD.

1. Name of Applicant: Jefferson County

Principal Contact: _____ E-mail Address: kisaacs@co.jefferson.tx.us

Mailing Address: 215 Franklin, Suite 202

Beaumont, TX 77701

Telephone #: 4098358672 Fax #: _____

URL: http:// _____ Date Established: _____

The Applicant is: ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ LLC/LLP

☐ Other: _____

Federal Employer Identification Number (FEIN): 746000291

2. Details of locations where the insured storage tanks are located:
(Continue on a separate sheet, if necessary.)

Company Name:	Street Address City, State Zip Code:	No. of USTs at this location	No. of ASTs at this location	Known Pre-existing Contamination Present?*	Facility Type**
As Per Schedule of Covered Storage Tanks					

- a. *If Yes, please provide details on a separate sheet. Include at a minimum:
- Prior Environmental Site Assessments (including date performed)
 - Past, current, planned sampling/remediation, etc.
- b. **Facility Type: - Airport - Automobile/Other Motor Vehicle Facility
 - Convenience Store - Schools/Educational Services Facility
 - Gasoline Service Station - Petroleum Bulk Station/Terminal
 - Marina - Other (If "Other", please describe.)

3. Please complete the **Storage Tank Inventory – By Location** form as attached to this application. (If more than one location, please make duplicates of the inventory form and complete a separate form for each location.)

4. The Applicant's total gross revenues in the last filed tax return, excluding recovered expenses:

\$ _____ [for the period ending: month _____ year _____]

5. The Applicant's estimated gross revenues for the current fiscal year: \$ _____

6. Desired effective date of coverage: 04/06/2015

- a. Desired Retroactive Date: ☐ Policy Inception ☒ Other As per Schedule of Covered Storage Tanks

(In order to obtain retroactive coverage, you must provide copies of all prior policies for the corresponding time period.)

7. Limits of Liability and Deductible requested:

Limits of Liability:		Deductible:
Per Storage Tank Incident:	<u>\$1,000,000</u>	<u>\$25,000</u>
Aggregate:	<u>\$2,000,000</u>	(per Storage Tank Incident)
Aggregate Legal Defense Expense Limit:	<u>\$1,000,000</u>	

8. Were all of the Applicant's or any other party to the proposed insurance's storage tanks new at the time of installation? ☐ N/A ☒ YES ☐ NO

9. Were any storage tanks included on the insured schedule installed more than thirty (30) years ago?(Twenty-five (25) years for tanks located in the state of Connecticut?) ☐ YES ☒ NO

10. Are any of the Applicant's or any other party to the proposed insurance's storage tanks located within one (1) mile of a body of water?
(If "Yes", please complete the **Marina Questionnaire** form as attached to this application.) ☐ YES ☒ NO
11. Are any of the Applicant's or any other party to the proposed insurance's facilities located in the State of Florida? ☐ N/A ☐ YES ☒ NO
12. Are Single-Walled Storage Tanks (i.e., Bare Steel Tanks, Steel Tanks with Cathodic Protection, STIP $\frac{3}{4}$ Tanks or Tanks operating under ACT 100), with or without any form of tank lining, located at the Applicant's or any other party to the proposed insurance's facilities in the State of Florida? (Only applicable if Question 11. is answered "Yes"). ☒ N/A ☐ YES ☐ NO
13. Within the past five (5) years has the Applicant purchased this type of insurance coverage?
(If "Yes", please provide information regarding any such coverage and all available loss information.) ☐ N/A ☒ YES ☐ NO
14. Are there currently, or have there historically been, any hazardous, toxic, or regulated substances stored at any of the locations for which this application for insurance is being made other than these products: Gasoline, Diesel Fuel, Motor Oil, Fuel Oil, or Kerosene? ☐ N/A ☐ YES ☒ NO
15. Were any tanks ever removed or closed in placed at the location(s) where the scheduled tanks are currently located? ☐ YES ☒ NO
- a. Will any scheduled storage tank(s) be removed, closed or upgraded at any of the facilities for which coverage is sought under this policy within the next eighteen (18) months? ☐ YES ☒ NO
16. Does the Applicant and any other parties to the proposed insurance maintain a Spill Prevention and Counter Control Plan with regard to any aboveground tanks for which coverage is sought? (If "Yes", please provide a copy of such plan.) ☐ N/A ☒ YES ☐ NO
17. Within the past five (5) years have there been any reportable spills of regulated substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations, at the facility(ies) where the tanks the Applicant is seeking coverage for are located? ☐ N/A ☐ YES ☒ NO
18. Within the past ten (10) years have any repairs or upgrades been performed on any tanks? ☐ N/A ☐ YES ☒ NO
- a. Are all underground storage tanks compliant with 1998 regulations? ☐ N/A ☒ YES ☐ NO
19. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the Applicant or any other party to the proposed insurance? ☐ YES ☒ NO
20. Does the Applicant or any other party to the proposed insurance have knowledge of pollution conditions at any of the proposed covered locations? ☐ YES ☒ NO
21. At the time of signing this application, is the Applicant or any other party to the proposed insurance aware of any circumstances that may reasonably be expected to give rise to a claim against any party to the proposed insurance? ☐ YES ☒ NO
22. Within the last five (5) years before the date of signing this application, has the

Applicant, any of its affiliated entities, or any person or entity proposed to be an insured filed or been the subject of any proceeding related to bankruptcy, receivership, and/or insolvency?

23. At the time of signing this application, do the Applicant, any of its affiliated entities, or any person or entity proposed to be an insured either (a) intend to commence or (b) know of any plan or threat to commence any proceeding relating to bankruptcy, receivership, and/or insolvency, whether by or against one or more of them?

☐ YES ☒ NO

If "Yes" to Questions 14. through 23., above, provide a description of the information, claim, or circumstance.

***IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE INSURER THAT IT AND THE OTHER PARTIES TO THIS INSURANCE, ALONG WITH ANY FOREIGN SUBSIDIARIES, WILL STRICTLY FOLLOW ANY WATER INTRUSION, MOLD-RELATED, FUNGI-RELATED OR BACTERIA-RELATED OPERATION AND MAINTENANCE PROCEDURES OR PROTOCOLS, INCLUDING ANY WATER INTRUSION, MOLD-RELATED, FUNGI-RELATED OR BACTERIA-RELATED DUE DILIGENCE PROCEDURES OR PROTOCOLS FOR THE ACQUISITION, LEASE, OPERATION, MANAGEMENT OR MAINTENANCE OF ANY PROPERTIES, WHICH WERE PROVIDED TO THE INSURER PRIOR TO THE INCEPTION OF ANY COVERAGE APPLIED FOR HEREIN. THE APPLICANT ACKNOWLEDGES THAT THE INSURER'S AGREEMENT TO PROVIDE MOLD, FUNGI AND/OR LEGIONELLA PNEUMOPHILA COVERAGE AS PART OF THE COVERAGE APPLIED FOR PURSUANT TO THIS APPLICATION IS PREDICATED UPON THE APPLICANT'S AGREEMENT TO PROVIDE THIS WARRANTY.

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE INSURER THAT IT AND THE OTHER PARTIES TO THIS INSURANCE, ALONG WITH ANY FOREIGN SUBSIDIARIES, WILL STRICTLY FOLLOW ANY LEAD-BASED PAINT OR ASBESTOS OPERATION AND MAINTENANCE PROCEDURES OR PROTOCOLS, WHICH WERE PROVIDED TO THE INSURER PRIOR TO THE INCEPTION OF ANY SUCH COVERAGE APPLIED FOR HEREIN. THE APPLICANT ACKNOWLEDGES THAT THE INSURER'S AGREEMENT TO PROVIDE LEAD-BASED PAINT AND/OR ASBESTOS COVERAGE AS PART OF THE COVERAGE APPLIED FOR PURSUANT TO THIS APPLICATION IS PREDICATED UPON THE APPLICANT'S AGREEMENT TO PROVIDE THIS WARRANTY.

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE INSURER THAT ALL STATEMENTS MADE IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS THERETO, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE INSURER'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

NOTICE TO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND and WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: 1) by submitting an application, or 2) by filing a claim containing a false statement as to any material fact may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA and WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Title

Date

Date

Signed by Licensed Resident Agent
(Where Required By Law)

Facility No. 1 _____ of 9 _____

quote no. Q95712 _____

Facility Name: Correctional Facility No. of USTs at this facility: 2Address: 5030 Hwy 69 South City: Beaumont State: TX _____ USAZIP: 77705 Facility EPA ID #: 1 _____ (leave blank if not applicable)

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

Tank No.	Installation Date	Tank Construction	Tank Size (gallons)	Tank Contents
1	01/01/1991	<input checked="" type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass/Steel Clad <input type="checkbox"/> Steel w/ Cathodic Protection	6000	<input checked="" type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other
2	01/01/1991	<input checked="" type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass/Steel Clad <input type="checkbox"/> Steel w/ Cathodic Protection	2500	<input type="checkbox"/> Unleaded <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other

(use additional rows/pages as need)

Facility No. 2 of 9quote no. Q95712Facility Name: SE Tx Regional Airport No. of USTs at this facility: 0Address: 4875 Parker Drive City: Beaumont State: TX USAZIP: 77705 Facility EPA ID #: 1 (leave blank if not applicable)

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

(use additional rows/pages as need)

Facility No. 3 of 9quote no. Q95712Facility Name: Precinct 1 No. of USTs at this facility: 0Address: 20205 W Hwy 90 City: China State: TX USAZIP: 77613 Facility EPA ID #: 1 (leave blank if not applicable)

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

(use additional rows/pages as need)

Facility No. 4 _____ of 9 _____

quote no. Q95712 _____

Facility Name: Precinct 2 _____ No. of USTs at this facility: 0 _____

Address: 7759 Viterbo Road _____ City: Beaumont _____ State: TX _____ USA _____

ZIP: 77705 _____ Facility EPA ID #: 1 _____ (leave blank if not applicable)

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

(use additional rows/pages as need)

quote no. Q95712

Facility Name: Precinct 3 No. of USTs at this facility: 0

Address: 5700 Jade Avenue City: Port Arthur State: TX USA

ZIP: 77640 Facility EPA ID #: 1 (leave blank if not applicable)

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

(use additional rows/pages as need)

quote no. Q95712 _____

Facility Name: Precinct 4 _____ No. of USTs at this facility: 0 _____

Address: 7780 Boyt Road _____ City: Beaumont _____ State: TX _____ USA _____

ZIP: 77713 _____ Facility EPA ID #: 1 _____ (leave blank if not applicable)

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

(use additional rows/pages as need)

Facility No. 7 _____ of 9 _____

quote no. Q95712 _____

Facility Name: Service Center _____ No. of USTs at this facility: 0 _____

Address: Jerry Ware Drive _____ City: Nederland _____ State: TX _____ USA _____

ZIP: 77701 _____ Facility EPA ID #: 1 _____ (leave blank if not applicable)

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

(use additional rows/pages as need)

quote no. Q95712Facility Name: Sabine Pass Port Authority No. of USTs at this facility: 0Address: 5960 1st Avenue City: Sabine Pass State: TX USAZIP: 77655 Facility EPA ID #: 1 (leave blank if not applicable)

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

(use additional rows/pages as need)

Facility No. 9 _____ of 9 _____

quote no. Q95712 _____

Facility Name: Sub Courthouse _____ No. of USTs at this facility: 0 _____

Address: 525 Lakeshore Drive _____ City: Port Arthur _____ State: TX _____ USA _____

ZIP: 77640 _____ Facility EPA ID #: 1 _____ (leave blank if not applicable)

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

(use additional rows/pages as need)

ACE TankSafeSM

Facility No. 1 of 9

Storage Tank Liability Coverage
Facility/Storage Tank Inventory
AST Supplemental Worksheet

quote no. Q95712

Facility Name: Correctional Facility No. of ASTs at this facility: 0

Address: 5030 Hwy 69 South City: Beaumont State: TX USA

ZIP: 77705 Facility ID #: 1 (leave blank if not applicable)

Type of Facility? ☐ Gas station ☐ Convenience store ☐ Marina ☐ Airport ☐ Industrial ☐ Fuel Storage/Transfer ☒ ALL OTHER FACILITY TYPES

Do you have an SPCC 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

(use additional rows/pages as need)

Facility No. 2 of 9quote no. Q95712Facility Name: SE Tx Regional Airport No. of ASTs at this facility: 4Address: 4875 Parker Drive City: Beaumont State: TX USAZIP: 77705 Facility ID #: 1 (leave blank if not applicable)Type of Facility? ☐ Gas station ☐ Convenience store ☐ Marina ☒ Airport ☐ Industrial ☐ Fuel Storage/Transfer ☐ ALL OTHER FACILITY TYPESDo you have an SPCC 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

Tank No.	Installation Date	AST Capacity (gallons)	AST Secondary Containment	Piping Secondary Containment	Automatic Overfill/Spill Protection and/or Electronic Leak Detection?	Tank Contents
1	09/01/1999	20000	<input type="checkbox"/> Permeable <input checked="" type="checkbox"/> Impermeable <input type="checkbox"/> None	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input checked="" type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other
2	09/01/1999	15000	<input type="checkbox"/> Permeable <input checked="" type="checkbox"/> Impermeable <input type="checkbox"/> None	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input checked="" type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other
3	09/01/1999	15000	<input type="checkbox"/> Permeable <input checked="" type="checkbox"/> Impermeable <input type="checkbox"/> None	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input checked="" type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other
2	04/06/2006	20000	<input type="checkbox"/> Permeable <input checked="" type="checkbox"/> Impermeable <input type="checkbox"/> None	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other

(use additional rows/pages as need)

Facility No. 3 of 9

quote no. Q95712

Facility Name: Precinct 1 No. of ASTs at this facility: 1

Address: 20205 W Hwy 90 City: China State: TX USA

ZIP: 77613 Facility ID #: 1 (leave blank if not applicable)

Type of Facility? ☐ Gas station ☐ Convenience store ☐ Marina ☐ Airport ☐ Industrial ☐ Fuel Storage/Transfer ☒ ALL OTHER FACILITY TYPESDo you have an SPCC 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

Tank No.	Installation Date	AST Capacity (gallons)	AST Secondary Containment	Piping Secondary Containment	Automatic Overfill/Spill Protection and/or Electronic Leak Detection?	Tank Contents
1	01/01/1991	4000	<input type="checkbox"/> Permeable <input checked="" type="checkbox"/> Impermeable <input type="checkbox"/> None	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unleaded <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other

(use additional rows/pages as need)

Facility No. 4 of 9quote no. Q95712Facility Name: Precinct 2 No. of ASTs at this facility: 2Address: 7759 Viterbo Road City: Beaumont State: TX USAZIP: 77705 Facility ID #: 1 (leave blank if not applicable)Type of Facility? ☐ Gas station ☐ Convenience store ☐ Marina ☐ Airport ☐ Industrial ☐ Fuel Storage/Transfer ☒ ALL OTHER FACILITY TYPESDo you have an SPCC 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

Tank No.	Installation Date	AST Capacity (gallons)	AST Secondary Containment	Piping Secondary Containment	Automatic Overfill/Spill Protection and/or Electronic Leak Detection?	Tank Contents
1	07/01/1999	2000	<input type="checkbox"/> Permeable <input checked="" type="checkbox"/> Impermeable <input type="checkbox"/> None	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unleaded <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other
2	07/01/1999	2000	<input type="checkbox"/> Permeable <input checked="" type="checkbox"/> Impermeable <input type="checkbox"/> None	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other

(use additional rows/pages as need)

Facility No. 5 of 9quote no. Q95712Facility Name: Precinct 3 No. of ASTs at this facility: 2Address: 5700 Jade Avenue City: Port Arthur State: TX USAZIP: 77640 Facility ID #: 1 (leave blank if not applicable)Type of Facility? ☐ Gas station ☐ Convenience store ☐ Marina ☐ Airport ☐ Industrial ☐ Fuel Storage/Transfer ☒ ALL OTHER FACILITY TYPESDo you have an SPCC 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

Tank No.	Installation Date	AST Capacity (gallons)	AST Secondary Containment	Piping Secondary Containment	Automatic Overfill/Spill Protection and/or Electronic Leak Detection?	Tank Contents
1	08/21/1992	3000	<input type="checkbox"/> Permeable <input checked="" type="checkbox"/> Impermeable <input type="checkbox"/> None	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other
2	08/21/1992	5000	<input type="checkbox"/> Permeable <input checked="" type="checkbox"/> Impermeable <input type="checkbox"/> None	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other

(use additional rows/pages as need)

Facility No. 6 of 9

quote no. Q95712

Facility Name: Precinct 4 No. of ASTs at this facility: 2

Address: 7780 Boyt Road City: Beaumont State: TX USA

ZIP: 77713 Facility ID #: 1 (leave blank if not applicable)

Type of Facility? ☐ Gas station ☐ Convenience store ☐ Marina ☐ Airport ☐ Industrial ☐ Fuel Storage/Transfer ☒ ALL OTHER FACILITY TYPESDo you have an SPCC 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 closureDo you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility? ☐ yes ☒ no

Tank No.	Installation Date	AST Capacity (gallons)	AST Secondary Containment	Piping Secondary Containment	Automatic Overfill/Spill Protection and/or Electronic Leak Detection?	Tank Contents
2	01/01/1994	2000	<input type="checkbox"/> Permeable <input checked="" type="checkbox"/> Impermeable <input type="checkbox"/> None	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unleaded <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other
1	01/01/1994	2000	<input type="checkbox"/> Permeable <input checked="" type="checkbox"/> Impermeable <input type="checkbox"/> None	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other

(use additional rows/pages as need)

Facility No. 7 of 9quote no. Q95712Facility Name: Service Center No. of ASTs at this facility: 1Address: Jerry Ware Drive City: Nederland State: TX USAZIP: 77701 Facility ID #: 1 (leave blank if not applicable)Type of Facility? ☐ Gas station ☐ Convenience store ☐ Marina ☐ Airport ☐ Industrial ☐ Fuel Storage/Transfer ☒ ALL OTHER FACILITY TYPESDo you have an SPCC 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

Tank No.	Installation Date	AST Capacity (gallons)	AST Secondary Containment	Piping Secondary Containment	Automatic Overfill/Spill Protection and/or Electronic Leak Detection?	Tank Contents
1	01/05/1990	12000	<input type="checkbox"/> Permeable <input checked="" type="checkbox"/> Impermeable <input type="checkbox"/> None	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other

(use additional rows/pages as need)

Facility No. 8 of 9quote no. Q95712Facility Name: Sabine Pass Port Authority No. of ASTs at this facility: 1Address: 5960 1st Avenue City: Sabine Pass State: TX USAZIP: 77655 Facility ID #: 1 (leave blank if not applicable)Type of Facility? ☐ Gas station ☐ Convenience store ☒ Marina ☐ Airport ☐ Industrial ☐ Fuel Storage/Transfer ☐ ALL OTHER FACILITY TYPESDo you have an SPCC 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

Tank No.	Installation Date	AST Capacity (gallons)	AST Secondary Containment	Piping Secondary Containment	Automatic Overfill/Spill Protection and/or Electronic Leak Detection?	Tank Contents
1	10/14/2008	8000	<input type="checkbox"/> Permeable <input checked="" type="checkbox"/> Impermeable <input type="checkbox"/> None	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other

(use additional rows/pages as need)

quote no. Q95712

Facility Name: Sub Courthouse No. of ASTs at this facility: 1

Address: 525 Lakeshore Drive City: Port Arthur State: TX USA

ZIP: 77640 Facility ID #: 1 (leave blank if not applicable)

Type of Facility? ☐ Gas station ☐ Convenience store ☐ Marina ☐ Airport ☐ Industrial ☐ Fuel Storage/Transfer ☐ ALL OTHER FACILITY TYPESDo you have an SPCC 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

Tank No.	Installation Date	AST Capacity (gallons)	AST Secondary Containment	Piping Secondary Containment	Automatic Overfill/Spill Protection and/or Electronic Leak Detection?	Tank Contents
1	07/01/2005	2000	<input type="checkbox"/> Permeable <input checked="" type="checkbox"/> Impermeable <input type="checkbox"/> None	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other

(use additional rows/pages as need)



McGRIFF, SEIBELS & WILLIAMS OF TEXAS, INC.

8200 IH-10 West, Suite 317 • San Antonio, TX 78230 • TEL – (210) 695-8582 • FAX – (210) 695-8583

March 17, 2015

Jefferson County
215 Franklin, Suite 202
Beaumont, TX 77701

RE: Storage Tank Liability
Quote # Q95712

Dear Kim Isaacs:

We are able to offer the following coverage for your Storage Tank Liability policy to be effective on April 6, 2015.

McGriff, Seibels & Williams of Texas, Inc. makes every effort to provide you with coverage that is standard in the industry. However, we have been unable to secure a policy for you without a "Punitive Damage Exclusion". Punitive damages are awarded to an injured party with the intent of punishing the wrongdoer. The damages are awarded in addition to "actual" damages (i.e., property damage, bodily injury, loss of use, pain & suffering, medical bills, etc.).

By offering this policy McGriff, Seibels & Williams of Texas, Inc. makes no judgment concerning the availability of this coverage from other insurance companies and your signing this letter acknowledges your acceptance of this coverage exclusion.

Sincerely,

Susan Golla, CPCU, ARM, CRM

Marketing Account Executive

I acknowledge that my Storage Tank Liability policy contains a "Punitive Damage Exclusion" and request that the policy be issued with this exclusion.

Kim Isaacs

Date