

## 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 – <a href="http://www.treas.gov/ofac">http://www.treas.gov/ofac</a>. 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 Authur 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:

1.

- 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.

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 Other:	☐ Joint Venture	LLC/LLP
Federal Employer lo	dentification Number (FEIN): 74600	0291	

(Continue on a separate sheet, if necessary.) Street Address No. of USTs No. of ASTs Known Pre-existing Facility Type\*\* Company Name: City, State Zip Code: at this at this Contamination Present?\* location location As Per Schedule of Covered Storage Tanks \*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 - Schools/Educational Services Facility - Convenience Store - Convenience Store - Gasoline Service Station - Petroleum Bulk Station/Terminal - Other (If "Other", please describe.) - Marina 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 X Other As per Schedule of Policy Inception a. Desired Retroactive Date: 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: Deductible: **Limits of Liability:** \$1,000,000 \$25,000 Per Storage Tank Incident: \$2,000,000 (per Storage Tank Incident) Aggregate: Aggregate Legal Defense Expense Limit: \$1,000,000 8. Were all of the Applicant's or any other party to the proposed X YES □ N/A NO insurance's storage tanks new at the time of installation? 9. Were any storage tanks included on the insured schedule installed more than thirty T YES X NO (30) years ago?(Twenty-five (25) years for tanks located in the state of Connecticut?)

2. Details of locations where the insured storage tanks are located:

10.	Are any of the Applicant's or any other party to the proposed insurance's stora tanks located within one (1) mile of a body of water? (If "Yes", please complete the <b>Marina Questionnaire</b> form as attached to this application.)	ge	YES	X 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	X NO
12.	Are Single-Walled Storage Tanks (i.e., Bare Steel Tanks, Steel Tanks with C Protection, STIP ¾ Tanks or Tanks operating under ACT 100), with or with form of tank lining, located at the Applicant's or any other party to the prinsurance's facilities in the State of Florida? (Only applicable if Question answered "Yes").	out any oposed		
	answered Tes ).	X N/A	YES	☐ NO
13.	Within the past five (5) years has the Applicant purchased this type of insurance coverage?	of N/A	X YES	□ NO
	If "Yes", please provide information regarding any such coverage and a vailable loss information.)			
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 Fue Motor Oil, Fuel Oil, or Kerosene?		YES	X NO
15.	Were any tanks ever removed or closed in placed at the location(s) where the scheduled tanks are currently located?		YES	X NO
	a. Will any scheduled storage tank(s) be removed, closed or upgraded at any facilities for which coverage is sought under this policy within the next eigh (18) months?		YES	X 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	X 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	X NO
18.	Within the past ten (10) years have any repairs or upgrades been performed on any tanks?	□N/A	YES	X NO
	a. Are all underground storage tanks compliant with 1998 regulations?	□ N/A	X YES	□ №
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	X NO
20.	Does the Applicant or any other party to the proposed insurance have knowled of pollution conditions at any of the proposed covered locations?	ige	YES	X 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 expet to give rise to a claim against any party to the proposed insurance?		YES	X NO
22.	Within the last five (5) years before the date of signing this application, has the	)	YES	X NO
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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

X
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 MOLD-RELATED, FUNGI-RELATED OR BACTERIA-RELATED DUE **DILIGENCE** INTRUSION, 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.

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**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.

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Signature of Authorized Applicant	Signature of Broker/Agent
Print Name	Print Name
Title	Date
Date	Signed by Licensed Resident Agent (Where Required By Law)

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nk Inventory I Worksheet Storage Tank Liability Coverage

00,000				Facility/Storage Tank Inv
facility Name:	Correctional Facility		No. of USTs at this facility: 2	
Address: 5030 Hwy 69 South		city: Beaumont	State: TX	TX USA
ZIP: 77705	Facility EPA ID #:	~	(leave blank if not applicable)	

Facility EPA ID #: 1	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
ZIP: 77705	Which form of Tank Maintenance/Record Keeping is u  Statistically Inventory Reconciliation with Annual Tank  Automatic Tank Gauging/Electronic Monitoring (ATG)	Do you have a Written Tank Man

Loss History Information for this Facility:

\text{X} No pollution related clean-ups or 3rd party claims at this facility in past 10 years

\text{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?

ice Management Services for this Facility? Spes Ino	Tank Size (gallons) Tank Contents	STIP 3/4 or ACT 100 6000 X Unleaded Fuel Oil	☐ Bare Steel ☐ Diesel ☐ Jet/Aviation	tection Tother Other	STIP 3/4 or ACT 100 2500	☐ Bare Steel ☐ Jet/Aviation	tection Other
to you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility?			Fiberglass/Steel Clad	Steel w/ Cathodic Protection		☐ Fiberglass/Steel Clad ☐ Bare Steel	Steel w/ Cathodic Protection
3rd party Engineering fin	Tank No. Installation Date Tank Construction	01/01/1991			D1/01/1991	<u>.</u>	
o you utilize a	Tank No.	-			2		

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ACE TankSafe <sup>SM</sup>	Facility No.2 of 9	Storage Tank Liability Coverage Tank Liability Liventory	age Tank Liability Coverage Facility/Storage Tank Inventory
quote no. Q95712		UST Supplem	UST Supplemental Worksheet
Facility Name: SE Tx Regional Airport		No. of USTs at this facility: 0	
Address: 4875 Parker Drive	City: Beaumont	State: TX	USA
ZIP: 77705 Facility I	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)	eed at this facility? htness Testing (SIR)		
Do you have a Written Tank Management Plan for this Facility? 🗍 yes 🔝 no	cility? 🗌 yes 🔝 no		
Loss History Information for this Facility:  No poliution related clean-ups or 3rd party claims at this facility in party claims at this facility in past 10 years, resolved with regulatory closur	acility in past 10 years ny closure		
Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility?	npliance Management Services for this	Facility? Uses Xno	
e esn)	(use additional rows/pages as need)		

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ACE TankSafe <sup>SM</sup>	Facility No. 3 of 9	Storage Tank Liability Coverage — Facility/Storage Tank Inventory
quote no, Q95712		UST Supplemental Worksheet
Facility Name: Precinct 1	No	No. of USTs at this facility: 0
Address: 20205 W Hwy 90	City: China	State: TX USA
ZIP: 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)	Keeping is utilized at this facility? Annual Tank Tightness Testing (SIR) itoring (ATG)	
Do you have a Written Tank Management Plan for this Facility? 🔲 yes 🛚 🖰 no	Plan for this Facility?yesno	
Loss History Information for this Facility:  \text{X} No poliution 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	ty claims at this facility in past 10 years lved with regulatory closure	
Do you utilize a 3rd party Engineering firn	Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility?	cility?
	(use additional rows/pages as need)	

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ACE TankSafe <sup>SM</sup>	Facility No.4 of 9	Storage Tank Liability Coverage Facility/Storage Tank Inventory	overage
quote no. Q95712		UST Supplemental Worksheet	orksheet
Facility Name: Precinct 2		No. of USTs at this facility: 0	
Address: 7759 Viterbo Road	city: Beaumont	State: TX US	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)	eeping is utilized at this facility? nnual Tank Tightness Testing (SIR) ning (ATG)		
Do you have a Written Tank Management Plan for this Facility? 🗍 yes	lan for this Facility?yesno		
Loss History Information for this Facility:  X  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	claims at this facility in past 10 years ed with regulatory closure		
Do you utilize a 3rd party Engineering firm	Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility?	s Facility?yes _Xno	
	(use additional rows/pages as need)		

ACE TankSafe <sup>SM</sup>	Facility No. 5 of 9	Storage Tank Liability Coverage Facility/Storage Tank Inventory	overage oventory
quote no. Q95712		UST Supplemental Worksheet	orksheet
Facility Name: Precinct 3	No. of	No. of USTs at this facility: 0	
Address: 5700 Jade Avenue	City: Port Arthur	State: TX USA	₹6
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)	eeping is utilized at this facility? unual Tank Tightness Testing (SIR) ning (ATG)		
Do you have a Written Tank Management Plan for this Facility?	lan for this Facility? Uyes Ono		
Loss History Information for this Facility:  No pollution related clean-ups or 3rd party claims at this facility in pa  Pollution at facility in past 10 years, resolved with regulatory closure	claims at this facility in past 10 years ed with regulatory closure		
Do you utilize a 3rd party Engineering firm	Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility?	ہ? ∐yes ⊠no	
	(use additional rows/pages as need)		

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Page 1 of 1

ACE TankSafe <sup>SM</sup>	Facility No.6 of 9	Storage Tank Liability Coverage Facility/Storage Tank Inventory
quote no. Q95712		UST Šupplemental Worksheet
Facility Name: Precinct 4	No. of US	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)	Keeping is utilized at this facility? Annual Tank Tightness Testing (SIR) toring (ATG)	
Do you have a Written Tank Management Plan for this Facility? 🔲 yes 🔝 no	Plan for this Facility? Uyes Uno	
Loss History Information for this Facility:  \text{X} No pollution related clean-ups or 3rd party claims at this facility in pa  Pollution at facility in past 10 years, resolved with regulatory closure	y claims at this facility in past 10 years ved with regulatory closure	
Do you utilize a 3rd party Engineering firm	Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility?	□yes ⊠no
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Page 1 of 1 ACE USA Copyright, 2007

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ACE TankSafe <sup>SM</sup>	Facility No. 7 of 9	Storage Tank Liability Coverage ————————————————————————————————————	erage entorv
quote no. Q95712		UST Supplemental Worksheet	ksheet
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	(feave 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)	eping is utilized at this facility? nual Tank Tightness Testing (SIR) ing (ATG)		
Do you have a Written Tank Management Plan for this Facility? 🗌 yes 🔝 no	an for this Facility? 🗌 yes 🔝 no		
Loss History Information for this Facility:  X No poliution 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	laims at this facility in past 10 years 1 with regulatory closure		
Do you utilize a 3rd party Engineering firm t	Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility?	Facility? ☐ yes ⊠no	
	(use additional rows/pages as need)		

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ACE TankSafe <sup>SM</sup>	/ Facility No.8	of 9	Storage Tank Li Facility/Stora	Storage Tank Liability Coverage Facility/Storage Tank Inventory
quote no. Q95712	1		OST Supple	UST Supplemental Worksheet
Facility Name: Sabine Pa	Sabine Pass Port Authority	No. of US	No. of USTs at this facility: 0	
Address: 5960 1st Avenue	City: Sabine Pass	ne Pass	State: TX	USA
ZIP: 77655	Facility EPA ID #: 1		(leave blank if not applicable)	
Which form of Tank Maintenance/Record Keeping is utilized at Statistically Inventory Reconciliation with Annual Tank Tightness Automatic Tank Gauging/Electronic Monitoring (ATG)	Inich 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?	nent 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 pa Pollution at facility in past 10 years, resolved with regulatory closure	ility: party claims at this facility in past 10 years resolved with regulatory closure			
Do you utilize a 3rd party Engineerinç	Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility?	ervices for this Facility?	□yes ⊠no	
	(use additional rows/pages as need)	s need)		

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ACE TankSafe <sup>SM</sup>	Facility No.9 of 9	Storage Tank Liability Coverage Facility/Storage Tank Inventory	/ Coverage
quote no. Q95712		UST Supplemental Workshee	I Workshee
Facility Name: Sub Courthouse	No. of	No. of USTs at this facility: 0	
Address: 525 Lakeshore Drive	City: Port Authur	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)	oing is utilized at this facility? Ital Tank Tightness Testing (SIR) g (ATG)		
Do you have a Written Tank Management Plan for this Facility? 🔲 yes 🖰 no	for this Facility?yesno		
Loss History Information for this Facility:  \text{X} No pollution related clean-ups or 3rd party claims at this facility in pa Pollution at facility in past 10 years, resolved with regulatory closure	ms at this facility in past 10 years vith regulatory closure		
Do you utilize a 3rd party Engineering firm to p	Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility?	y? ⊠yes □no	
	(use additional rows/pages as need)		

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ACE TankSafe <sup>SM</sup>	Facility No. 1	of 9	Storage Tank Liability Coverage Facility/Storage Tank Inventory	y Coverage
quote no. Q95712			AST Supplemental Worksheet	I Worksheet
Facility Name: Correctional Facility		No. of ASTs	No. of ASTs at this facility: 0	
Address: 5030 Hwy 69 South	City:	City: Beaumont	State: TX	USA
ZIP: 77705	Facility ID#: 1	(lea	(leave blank if not applicable)	
Type of Facility? ☐ Gas station ☐ Convenience store ☐ M	nience store 🔲 Marina 🔲 Airport	☐Industrial ☐Fuel Storag	∐Industrial ☐ Fuel Storage/Transfer ⊠ ALL OTHER FACILITY TYPES	
Do you have an SPCC for this Facility?	Xyes □no			
Loss History Information for this Facility:  \textbf{X} No pollution related clean-ups or 3rd party claims at this facility in past 10 years  \text{Dollution at facility in past 10 years, resolved with regulatory closure	at this facility in past 10 years regulatory closure			
Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility?	ide Compliance Management Services		□yes ⊠no	
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Storage Lank Liability Coverage	Facility/Storage Tank Inventory	AST Supplemental Worksheet
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ACE	ACE TAIIKSAIE		Facility No. 2	of 9	eT ^	Facility/Storage Tank Inventory	nventory
quote no.	Q95712	1			1.	AST Supplemental worksmeet	ח אין ומנו
Facility Name:	me: SE Tx Regional Airport	nal Airport		No. o	No. of ASTs at this facility: 4		
Address:	4875 Parker Drive			City: Beaumont	State: T	X	USA
ZIP: 77705	2	Facility ID #:	0#: 1		(leave blank if not applicable)		
Type of Facility?		Gas station Convenience store Marina 🗵 Airport	Marina X Airpo		☐Industrial ☐ Fuel Storage/Transfer ☐ ALL OTHER FACILITY TYPES	CILITY TYPES	
Do you have a	Do you have an SPCC for this Facility?	۸.	⊠yes [	On			
Loss History I  No pollution  Pollution at	Loss History Information for this Facility:   X  No pollution related clean-ups or 3rd party claims at this facility in pa	ity: party claims at this facility ssolved with regulatory clo	in past 10 years osure				
Do you utilize	Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility?	firm to provide Complia	ance Management Se	rvices for this Facility?	☐yes Xno		
Tank No.	Installation Date	AST Capacity (gallons)	AST Secondary Containment	Piping Secondary Containment	Automatic Overfill/Spill Protection and/or Electronic Leak Detection?	Tank Contents	
-	09/01/1999	20000	Permeable	X Yes	X  Yes	eq	
			X Impermeable	o <sub>N</sub>	Ŷ.	☐ Diesel ※ Jet/Aviation ☐ Waste Oil ☐ Other	
2	09/01/1999	15000	Permeable	X Yes	X Yes	eq	***************************************
				°Z	Ŷ.	☐ Diesel ☒ Jet/Aviation ☐ Waste Oil ☐ Other	_
3	09/01/1999	15000	☐ Permeable	X Yes	X Yes	pel	
			X Impermeable None	o Z	8	☐ Diesel ☐ Jet/Aviation ☐ Waste Oil ☒ Other	_
2	04/06/2006	20000	Permeable	X Yes	X Yes	led	
			X  Impermeable 	ê.	No	☐ Diesel ☐ Jet/Aviation ☐ Waste Oil ☐ Other	_

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ACE T	ACE TankSafe <sup>SM</sup>	<i>V</i>	Facility No. 3	3 of <u>9</u>	Storag Fa	Storage Tank Liability Coverage Facility/Storage Tank Inventory
quote no. Q95712	Q95712	1			A	AST Supplemental Worksheet
Facility Name:	ne: Precinct 1		***************************************	No.	No. of ASTs at this facility: 1	[
Address: 2	20205 W Hwy 90			City: China	State: TX	X USA
ZIP: 77613	Management	Facility ID#;	ID#: 1		(leave blank if not applicable)	
Type of Facility?		Gas station Convenience store Marina Catroot	re Marina 🔲 Airp		☐Industrial ☐ Fuel Storage/Transfer 🄀 ALL OTHER FACILITY TYPES	CILITY TYPES
Do you have an	Do you have an SPCC for this Facility?	رب	⊠yes	01		
Loss History In  X No pollution:	Loss History Information for this Facility:  X No pollution related clean-ups or 3rd part Pollution at facility in past 10 years, resol	Loss History Information for this Facility:  X 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	ity in past 10 years closure			
Do you utilize a	า 3rd party Engineering	Do you utilize a 3rd party Engineering firm to provide Compliance	liance Management S	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
_	01/01/1991	4000	Permeable    None	X Yes	∑ Yes □ No	Unleaded Fuel Oil  Diesel Jet/Aviation  Waste Oil Other

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Storage Tank Liability Coverage	Facility/Storage Tank Inventory	AST Supplemental Worksheet
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) 1			Facility No. 4	of 9	L	Facility/Storage Tank Inventor
quote no. Q95712	Q95712	ı			1	AST Supplemental Workshee
Facility Name:	me: Precinct 2			No.	No. of ASTs at this facility: 2	-
Address:	7759 Viterbo Road			. City: Beaumont	State: TX	X USA
ZIP: 77705		Facility ID	ID#: 1		(leave blank if not applicable)	
Type of Facility?	_	Gas station Convenience store Marina C Airport	e 🗌 Marina 🔲 Airp		Industrial Truel Storage/Transfer 🗵 ALL OTHER FACILITY TYPES	CILITY TYPES
Do you have a	Do you have an SPCC for this Facility?	ب	⊠yes	ou 🗌		
Loss History II  X No pollution Pollution at	Loss History Information for this Facility:  No pollution related clean-ups or 3rd part Pollution at facility in past 10 years, resol	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	y in past 10 years losure			
Do you utilize	a 3rd party Engineerin <sub>t</sub>	g firm to provide Compli	iance Management S	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
<del>-</del>	07/01/1999	2000	Permeable X Impermeable	Yes No	∑ Yes	Unleaded Fuel Oil  Diesel Jet/Aviation
			☐ None			Waste Oil Other
2	07/01/1999	2000	Permeable	X Yes	X Yes	L led
	-		X Impermeable	% 	8 	Diesel Jet/Aviation Waste Oil

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

ACE lankSare	Facility No. 5	_ of <u>9</u>	Facility/Storage Tank Inventor	Tank Inventor
quote no. Q95712			AST Šupplemental Workshee	ntal Workshe
Facility Name: Precinct 3		No. of ASTs at this facility: 2	this facility: 2	
Address: 5700 Jade Avenue	City:	city: Port Arthur	State: TX	USA
ZIP: 77640	Facility ID #: 1	(leave the	(leave blank if not applicable)	
Type of Facility? Gas station Convenience store	nience store 🔲 Marina 🔝 Airport	☐Industrial ☐Fuel Storage/Th	☐ Industrial ☐ Fuel Storage/Transfer 🏻 ALL OTHER FACILITY TYPES	
Do you have an SPCC for this Facility?	⊠yes □no			
Loss History Information for this Facility:  X 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	t this facility in past 10 years egulatory closure			
Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility?	de Compliance Management Services	s for this Facility?	es Xno	

	Fuel Oil	☐ Jet/Aviation	Other	Fuel Oil	☐ Jet/Aviation	Other	
Tank Contents	X Unleaded	☐ Diesel	Waste Oil	X Unleaded	☐ Diesel	Waste Oil	
Automatic Overfill/Spill Protection Tank Contents and/or Electronic Leak Detection?	X Yes	° C		X Yes	°N □		
AST Secondary Piping Secondary Containment Containment	X Yes	%		X Yes	Ŷ		s as need)
AST Secondary Containment	Permeable	X  Impermeable	None	Permeable	X Impermeable	None	(nse additional rows/pages as need)
AST Capacity (gallons)	3000			2000			esn)
Tank No. Installation Date	08/21/1992			08/21/1992			
Tank No.				2			

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Storage Tank Liability Coverage	Facility/Storage Tank Inventory
Facility/Storage Tank Inventory	

ACE I	ACE lankSate		Facility No. 6	of 9	Fa	Facility/Storage Tank Inventory
quote no. 095712	Q95712				A	AST Šupplemental Worksheet
Facility Name:	me: Precinct 4			No. 0	No. of ASTs at this facility: 2	I
Address:	7780 Boyt Road	, and a second		City: Beaumont	State: TX	X USA
ZIP: 77713		Facility ID #:	D# 1		(leave blank if not applicable)	
Type of Facility?	<u></u>	☐ Gas station ☐ Convenience store ☐ Marina	e Marina Airport		☐Industrial ☐Fuel Storage/Transfer 🏻 ALL OTHER FACILITY TYPES	CILITY TYPES
Do you have a	Do you have an SPCC for this Facility?	٠	Xyes	ou 🗌		
Loss History In X No pollution	Loss History Information for this Facility:  \textbf{X} No pollution related clean-ups or 3rd party claims at this facility in pa \text{ Pollution at facility in past 10 years, resolved with regulatory closure	ity: party claims at this facilit ssolved with regulatory c	y in past 10 years losure			
Do you utilize	a 3rd party Engineering	firm to provide Compli	ance Management S	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
2	01/01/1994	2000	Permeable	X Yes	X Yes	Unleaded Fuel Oil
			X Impermeable None	ĝ		Waste Oil Other
1	01/01/1994	2000	Permeable	X Yes	X Yes	pa
			X Impermeable None	ON	o N	☐ Diesel ☐ Jet/Aviation ☐ Waste Oil ☐ Other
		e esn)	(use additional rows/pages as need)	as need)		

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ACE T	ACE TankSafe <sup>SM</sup>		Facility No. 7	7 of 9	Store	Storage Tank Liability Coverage Facility/Storage Tank Inventory
quote no. Q95712	Q95712	t				AST Supplemental Worksheet
Facility Name:	ne: Service Center	fer		o N	No. of ASTs at this facility: 1	
Address:	Jerry Ware Drive			City: Nederland	State:	TX
ZIP: 77701		Facility ID#:	D#: 1		(leave blank if not applicable)	
Type of Facility?		Gas station Convenience store Marina Airport	e 🗌 Marina 📋 Airp		☐Industrial ☐ Fuel Storage/Transfer 🔀 ALL OTHER FACILITY TYPES	FACILITY TYPES
Do you have an	Do you have an SPCC for this Facility?	۷	Xyes	° - □		
Loss History In  Mo pollution	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	ity: party claims at this facilit esolved with regulatory c	ly in past 10 years slosure			
Do you utilize a	Do you utilize a 3rd party Engineering firm to provide Compliance	firm to provide Compli	iance Management S	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?	n Tank Contents

Containment Containment
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Fuel Oil

Jet/Aviation
Other

X Unleaded
Diesel
Waste Oil

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Storage Tank Liability Covera	racility/storage Tarik Invento AST Supplemental Workshe
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ACE TankSafe <sup>SM</sup> Facility No. 8		of 9	Storage Tank Liability Coverage Facility/Storage Tank Inventory	ge
quote no. Q95712			AST Supplemental Worksheet	eet
Facility Name: Sabine Pass Port Authority	L. Charles Linear Honory	No. of ASTs at this facility: 1	sility: 1	
Address: 5960 1st Avenue	City:	City: Sabine Pass	State: TX USA	
ZIP: 77655Facility ID #: 1		(leave blank if not applicable)	ot applicable)	
Type of Facility? ☐Gas station ☐Convenience store ☒ Marina ☐ Airport	Airport	☐Industriai ☐Fuel Storage/Transfer ☐ ALL OTHER FACILITY TYPES	] ALL OTHER FACILITY TYPES	
Do you have an SPCC for this Facility?	° □			
Loss History Information for this Facility:  \( \begin{align*} \be	ars			
Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility?	nent Services fo	yes	on [X]	

					Fuel Oil Jet/Aviation	Other
CILITY TYPES				Tank Contents	X Unleaded Diesel	Waste Oil
☐ Industriai ☐ Fuel Storage/Transfer ☐ ALL OTHER FACILITY TYPES			☐yes ⊠no	Automatic Overfill/Spill Protection Tank Contents and/or Electronic Leak Detection?	∑ Yes □ No	
	on $\Box$		Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility?	Piping Secondary Containment	X Yes	(Production of the Production
store XMarina	⊠yes [	facility in past 10 years tory closure	oliance Management Se	AST Secondary Containment	Permeable	None Salational Institution
☐Gas station ☐Convenience sto	رخ	ility: I party claims at this faci resolved with regulatory	y firm to provide Comp	AST Capacity (gallons)	8000	
	Do you have an SPCC for this Facility?	Loss History Information for this Facility:  No pollution related clean-ups or 3rd party claims at this facility in pa  Pollution at facility in past 10 years, resolved with regulatory closure	ง 3rd parfy Engineeriกเ	Installation Date	10/14/2008	- Constitution of the Cons
Type of Facility?	Do you have ar	Loss History In X No pollution	Do you utilize a	Tank No.		

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Storage Tank Liability Cover	Facility/Storage Tank Inver	AST Supplemental Works
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ACE TankSafe <sup>SM</sup>	Facility No. 9	of9	Storage Tank Liability Coverage Facility/Storage Tank Inventory	g ≥
quote no. Q95712			AST Supplemental Worksheet	et ,
Facility Name: Sub Courthouse		No. of ASTs at this facility: 1	ty: 1	
Address: 525 Lakeshore Drive	City:	city: Port Authur	State: TX USA	
ZIP: 77640	Facility ID#: 1	(leave blank if not applicable)	applicable)	
Type of Facility? ☐Gas station ☐Conv	☐Gas station ☐Convenience store ☐Marina ☐ Airport	☐ industrial ☐ Fuel Storage/Transfer ☐ ALL OTHER FACILITY TYPES	ALL OTHER FACILITY TYPES	
Do you have an SPCC for this Facility?	⊠yes			
Loss History Information for this Facility:  X 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	s at this facility in past 10 years h regulatory closure			

	Fuel Oil Jet/Aviation Other	]
Tank Contents	X Unleaded Diesel Waste Oil	]
Automatic Overfill/Spill Protection Tank Contents and/or Electronic Leak Detection?	X Yes □ No	
AST Secondary Piping Secondary Containment Containment	X Yes	10000
AST Secondary Containment	Permeable    Impermeable   None	
AST Capacity (gallons)	2000	
Installation Date	07/01/2005	
Tank No.	-	

<u>و</u>

⊠yes

Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility?

(use additional rows/pages as need)



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:

Sincerely,

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.

Ousan 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