OIL TANK QUESTIONNAIRE

BROKER NAME: _____ BROKER EMAIL: _____

POLICY NO: _____ NAME OF INSURED: _____

PROPERTY ADDRESS: _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS

1. What is the age of the Oil Tank? _____ years, - tank over 25 years not acceptable
2. Where is the Oil Tank located? _____ ABOVE GROUND (do no write underground tanks)
   - Outside home: ☐ YES ☐ NO - Inside home: ☐ YES ☐ NO Describe where: _____
3. Is there any rust, dents or evidence of corrosion? ☐ YES ☐ NO,
   If YES, where is it located on the tank? _____
4. Are there any signs of leaks at tank connectors or anywhere else? ☐ YES ☐ NO
5. Is the fuel supply line protected? ☐ YES ☐ NO
6. Is the fuel supply line supported in a stable manner off the ground? ☐ YES ☐ NO
7. Is the tank resting on a non-flammable base? ☐ YES ☐ NO
   If no, describe the type of base _____
8. Is there a clear air space around the entire Oil Tank? ☐ YES ☐ NO (helps provide condensation relief)
9. Does a qualified person service the Oil Tank yearly? ☐ YES ☐ NO, Date of last service _____
10. Was the Oil Tank professionally installed? ☐ YES ☐ NO
11. Is the Oil Tank manufactured, CSA, or ULC approved unit? ☐ YES ☐ NO
12. Photo of Oil Tank attached? ☐ YES ☐ NO

THE ABOVE QUESTIONS HAVE BEEN COMPLETED TO THE BEST OF MY KNOWLEDGE THIS _____ DAY OF _____, 20_____

_____ _____

INSURED (please print name) SIGNATURE OF INSURED

_____ _____

BROKER (please print name) SIGNATURE OF BROKER