

New York Customer Application

NOTICE: Completion of this form does not bind coverage. Coverage will be in force when we issue you a Policy. Also, application must be accompanied by your check and a copy of the test results. *(Please Note: Testing results required for underground tanks only.) If coverage is not bound by us, your premium payment will be returned.*

- 1.) Your Name: _____
- 2.) Tank Address Street: _____
City: _____ State: _____ County*: _____ Zip: _____
- 3.) Telephone No.: _____ E-mail Address: _____
- 4.) Name of Fuel Oil Dealer: _____ Phone #: _____
- 5.) Location of Tank: _____ 6.) Tank Size _____

B. ABOVEGROUND

Must be an Approved in-Basement or Aboveground System, in good condition, free standing with all sides visible.

\$1,000 Deductible per claim

***ANNUAL COST: SEE OTHER SIDE FOR RATE
BY COUNTY**

A. UNDERGROUND

Must be an Approved Underground System *with proof of soil or tank testing results approved by us and less than 2 years old.*

\$1,000 Deductible per claim

***ANNUAL COST: SEE OTHER SIDE FOR RATE
BY COUNTY**

- 7.) Has this tank been used to heat a dwelling for the past 18 months? ☐ Yes ☐ No
- 8.) Do you have a service contract for the maintenance of your heating system? ☐ Yes ☐ No
- 9.) Do you have an Automatic Delivery Agreement? ☐ Yes ☐ No
- 10.) Do you intend to remove/abandon/replace your fuel oil storage tank in the next year? ☐ Yes ☐ No
- 11.) Is your dwelling for sale or do you plan to sell this property in the next six (6) months? ☐ Yes ☐ No
- 12.) Has your underground tank been tested within the past two years? ☐ Yes ☐ No **If yes, you MUST attach a copy.**
- 13.) Do you have any reason to suspect your fuel oil system has leaked or is leaking fuel oil? ☐ Yes ☐ No
- 14.) Have you ever had a "no heat" call because of water in the oil system at this location? ☐ Yes ☐ No
- 15.) Do you have or have you had similar coverage on your Tank? ☐ Yes ☐ No Expiration Date: _____
- 16.) Do you have more than one tank? ☐ Yes ☐ No If yes, provide size, location and contents of each tank.
- 17.) Is tank and/or piping located beneath a building, flooring, driveway, patio or other structure(s)? ☐ Yes ☐ No
If yes, describe on other side.

APPLICANT'S WARRANTY STATEMENT

At the time of signing this Application, I am not aware of any current or prior emission, discharge, or release of fuel oil from my fuel oil system. I understand that knowingly providing false or inaccurate information will be cause for disqualification and/or termination from the ProGuard Program. I further understand that there is no protection afforded under the terms of the program for Voluntary Pulling/Abandonment of a tank as per the terms of the policy. I have also read the Sample Policy and agree to the terms and conditions described therein.

Applicant's Signature: _____ Date: _____

Print Name: _____

* Mailing Address if different than tank location:

Street: _____

City: _____ State: _____ Zip: _____

Response to Question # 17:

Customer Sign Up Procedures

If you are applying for coverage under The ProGuard Program, please follow these steps:

1. Complete the customer application on the reverse side. Be sure to read and answer all questions, sign and date the application. Please note: Failure to supply all necessary information will delay the processing of your application.
2. If you have an underground tank you must arrange for a tank or soil test. (If your system has had a soil or tank test in the past 24 months a new test is not required. Just mail the results of that test to us with your application and check made payable to The ProGuard Program.)
3. Please allow ten working days to find out if you have been accepted into The ProGuard Program.

PREMIUM BY COUNTY:

ALL NEW YORK COUNTIES OTHER THAN: KINGS, QUEENS, RICHMOND, BRONX, NEW YORK, NASSAU, AND SUFFOLK:

\$200 Underground Storage Tank

\$100 Aboveground Storage Tank

KINGS, QUEENS, RICHMOND, BRONX, NEW YORK, NASSAU, AND SUFFOLK COUNTIES

\$250 Underground Storage Tank

\$125 Aboveground Storage Tank

MAIL TO:

**ProGuard Program
P.O. Box 872
Brookfield, CT 06804**