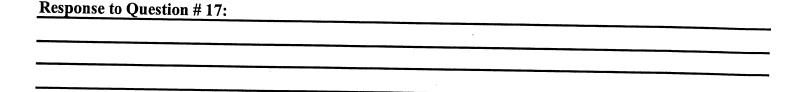
New York Customer Application

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: Stat | te: County*: Zip: |
| 3.) Telephone No.: E-r | 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? — Ye | es 🗆 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 prop | erty in the next six (6) months? □ Yes □ No |
| 12.) Has your underground tank been tested within the pas- | t two years? □ Yes □ No If yes, you <u>MUST</u> attach a copy. |
| 13.) Do you have any reason to suspect your fuel oil systen | n 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. |
| At the time of signing this Application, I am not aware of any my fuel oil system. I understand that knowingly providing fals and/or termination from the ProGuard Program. I further und | ag, driveway, patio or other structure(s)? ☐ Yes ☐ No ARRANTY STATEMENT current or prior emission, discharge, or release of fuel oil from se or inaccurate information will be cause for disqualification erstand that there is no protection afforded under the terms of per the terms of the policy. I have also read the Sample Policy |
| | Date: |
| Print Name: | |
| * Mailing Address if different than tank location: Street: | |
| City: | State:Zip |
| PGU100AP – 12/03 | 10/03 |



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 <u>OTHER THAN</u>: 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