

OIL TANK SUPPLEMENT

INSURED: _____

RISK LOCATION: _____

Please complete the following oil tank questions and provide a photo of the oil tank.

1. Make and Model of Oil Tank _____

2. Year Oil Tank was Manufactured _____

3. Oil Tank type and Wall Construction

Steel	Single Wall
Fibreglass	Double Wall

4. Location of Oil Tank

Aboveground Outside	Underground Outside
Inside Dwelling	

5. Oil Tank Support

Concrete Slab	Concrete Block	Wood
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6. Is the oil tank serviced annually? Yes NO

What is the Date of last Service? _____

7. Confirm the tank:

(a) has a clear space all around	yes	no
(b) is clear of all clutter	yes	no
(c) is not leaning against a building or other structure	yes	no

8. Is the Oil Tank filled regularly? _____ How Often? _____

Signature of Insured: _____ Dated: _____

Signaature of Broker: _____ Dated: _____