

Domestic Fuel Oil Tank Questionnaire

Broker: _____

Policy #: _____ Insured/Applicant: _____

Legal Location/Address: _____

Bldg. Specifics: Dwelling _____ Outbuilding (describe) _____

Tank Location: Inside _____ Outside _____ Underground _____

If outside tank, is it protected from ice or snow damage? Yes No

Age of Oil Tank: (if unknown, indicate approximate age) _____

Type of tank (metal single wall, fiberglass, homemade, etc.) _____

Any rust, dents, or evidence of corrosion: Yes No

(if yes, explain) _____

Is tank mounted on a stable, non-combustible base? Yes No

(if no, explain) _____

Signs of leaks at tank connectors: Yes No

(if yes, explain) _____

Has there ever been a spill, leak or discharge? Yes No

(if yes, explain) _____

Fumes or ordours evident? Yes No

Is fuel supply line protected from impact or accidental damage? Yes No

Is tank located at least 5 ft. from ignition source? Yes No

Is tank placed so that it is easily visible from all sides? Yes No

(if no, explain) _____

Does the insured have a maintenance contract in force? Yes No

If yes, name of the Company: _____

Date last inspected by fuel supplier _____

If inside tank, is there a spill containment dike or containment tray? Yes No

Is the tank equipped with a vent alarm or whistle? Yes No

Photo Included: Tank _____ Outlet and Filter _____

Inspected by _____ Date _____