



OIL TANK QUESTIONNAIRE

Insured's Name(s): _____

Broker Name: _____

Policy Number: _____

What is the age of the oil tank? _____

Where is the oil tank located? _____ Inside _____ Outside _____ Underground

How is the tank supported? ie: wood, gravel, concrete. _____

Design of the oil tank? _____ Oval _____ Round

When was the last inspection done by a qualified Distributor? _____

Name of Distributor: _____

Does the tank have a proper gauge and overfill protection device? _____

Is the tank leaning in any way? _____ Yes _____ No

Are there any signs of leakage at the bottom of the tank? _____ Yes _____ No

Are the fill and vent piped outside? _____ Yes _____ No

What are they made of? _____

Are there any excessive odors evident? _____ Yes _____ No

Is there any excessive rust on the oil tank? _____ Yes _____ No

Is the tank protected from impact by: _____ Snow/Ice _____ Vehicle

Is the fuel line looped before entering the house? _____ Yes _____ No

Are there any unused oil tanks inside or outside of dwelling? _____ Yes _____ No

Has there ever been an oil spill at or near the oil tank? _____ Yes _____ No

Is the Tank Certified? _____ Yes _____ No

Comments: _____

Signature of INSURED or Signature of BROKER

Date