Oil Heating Tank Questionnaire

Brokerage:  Date: 

Name of Insured:  Policy Number: 

Tank Capacity: (100, 200, or + gallons):  Tank Age (from label): 

Location of tank: 

 

Who installed the tank? 

What material is the tank made of? 



Please check the appropriate response:

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Does the tank have a construction approval label? If yes, by which association?
 |  |  |
| 1. Is the tank connected to another tank?
 |  |  |
| 1. Is the tank protected from vehicle impact?
 |  |  |
| 1. Is the tank clear of objects around it?
 |  |  |
| 1. Does the tank have a spill tray, an overfill alarm or vent whistle?
 |  |  |
| 1. Have there been prior oil spills?
 |  |  |
| 1. Is the tank filled regularly, including the summer months?
 |  |  |
| 1. Is the tank serviced/ inspected annually by certified or licensed oil heating contractors?
 |  |  |
| 1. Is the tank located 1.5 meters (5 feet) from an ignition source?
 |  |  |
| 1. Has the fuel line and filter been protected from impact or damage?
 |  |  |
| 1. Does any section of the fuel line run through the floor underground?
 |  |  |
| 1. Is there a loop in the supply line?
 |  |  |
| 1. Is their slack in the fuel line to allow for movement?
 |  |  |
| 1. Is the vent and filter pipes the same diameter?
 |  |  |

***Please attach photo of oil tank.***