



STICO Mutual Insurance Company, Risk Retention Group

Warranty & Contractual Liability Incident Claim Report

(To be filled out by insured only – DO NOT distribute to outside sources)

Date:	Loss Date (if applicable):
--------------	-----------------------------------

Claimant Information (Tank Owner)

Contact Name:	Company Name:
Mailing Address:	Is the location address of the incident the same as the Claimant's address above: Yes No
	If no, what is the address:
	Locale of Incident: Residential Rural Industrial Commercial
Cell:	
Fax:	
Email:	

Notice of Claim:	Notice Only:
-------------------------	---------------------

Who reported this incident (if different from above):		
Company Name:	Phone:	Email:

Has a representative from your company examined tank or location of incident: Yes No
--

Is a regulatory agency involved: Yes No	If yes, select from the following: Fire Dep. Federal EPA State EPA/DER Other
Name of Regulatory Official:	
Phone Number:	

If a release of product into ground has been confirmed, please answer the following:

Any complaints from neighboring properties: Yes No	
If yes, please explain:	



STICO Mutual Insurance Company, Risk Retention Group

Tank and Incident Information

Type of Event (check all that apply):					
Fluid in interstice (water	Product)	Leak into ground	Premises Operations		
Installation error	Tank Incident	Piping/Component			
Other:					

Tank Type:					
Sti-P3	Permatank	ACT-100	ACT-100U	Total Containment	
Fireguard	Flameshield	F921	UL Labeled	Other Labeled	Non-Labeled

Registration Numbers:	Year Delivered to Claimant:				
UL:	Tank Manufacturer:				
STI:	Tank Capacity:				
Other:	Single Wall	Double Wall			
Product Stored in Tank:	Gasoline	Diesel	ULSD	Ethanol	Other: _____
Alcohol Blends or Biodiesels:	E10	E15	E25	E80	OR Biodiesel %

Course of Action:

Have tests already been performed: Yes No	Testing Company:
If yes, which tests: CP Monitoring Tank Tightness Vacuum/Air Pressure Interstice Monitor Inventory Control Groundwater Well Inspection	Contact:
	Other:
	What were the results:

Notes:

Report Completed By:	Company:	Phone:
-----------------------------	-----------------	---------------

When this report is completed please do one of the following:

**Fax: 847.253.5905, Attn: Anna
Email: anna@stico.org**