ODIS Underwriting Inc.

4-180 Northfield Dr W, Waterloo, ON N2L 0C7

quotes@odisunderwriting.com

Oil Tank Supplement



www.odisunderwriting.com 02/2024

1. Broker Information

Brokerage:			Broker ID:						
Broker Address:			City:	Province:		Postal Code:			
Broker Contact:			Broker Email:						
			2. Applicant In	formation					
Full Name of all Insu	red	s:	Names of Principal(s):						
Mailing Address:			City: Pro		vince: Postal Code				
Risk Location:			City:	Prov	Province:		Postal Code:		
3. Underwriting De	etai	S (***Note: in-ground, unde	rground and single	wall - 14 gauge tanks	are not written	.***)			
ocation of oil tank:			Year of manufacture:		Manufactu	Manufacturer:			
ank type:	Steel (12 gauge - 2.5 mm)		Steel (14 gauge - 2mm)		Other:				
Tank construction:		Double Walled	Single Wal	led	Other:	:			
. Additional Information							Yes	No	
Vas the tank new when installed:									
s the tank labeled CSA/ULC certified and are filters ULC approved?									
s the tank and the floor/ground surrounding the tank stain free?									
s the tank and equipment rust free?									
s the fuel supply line protected from physical damage, and safe from vehicle impact?									
s the tank located or	n an	y floor other than the lowest	level?						
s there a shared wel	l or	waterway (i.e. stream, creek,	pond, lake) witl	hin 100 ft of the o	il tank?				
Does the supply line	pas	s through any concrete floor?)						
s fuel delivered by anyone other than a qualified Fuel Oil Supplier?									
s the tank installed on anything other than a concrete slab or block?									
s the tank filter loca	ted	outside the dwelling?							
Are there any oil tan	ks o	n the property that are no lor	nger feeding fue	l oil to the heating	g system?				
las a qualified Oil Bu	ırne	r Technician, Fuel Oil Supplier	r, or Loss Preven	tion Officer identi	fied any imm	ediate hazard?			
'If yes, please provide	deta								
Oo you have an annual service contract with an Oil Burner Technician? Please attach a copy of a recent Oil Burner Technician inspection.									
Additional comments		ecent on burner recinician map	Acction.						
OTE: INSURANCE IS NOT IN	N EFF	FECT UNTIL SUCH TIME AS ODIS Unde a managing underwriting agency duly l	•						

ы quotation, binder or insurance policy.

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/ we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Full Name(s):

Signature(s) of All Named Insureds (only required if binding)

Date: