



OIL TANK QUESTIONNAIRE

This questionnaire will help assess the installation and condition of your oil tank.
This information is being gathered for insurance purposes only.

Policy Number:
Applicant's Name:
Phone Number:
Email:

Brokerage:

If you do not have an oil tank on your premises, please describe the heat source you use so we may update our records:

Heating Appliance Fuel

HEATING

If you have more than one oil tank on your premises please complete a questionnaire for each tank.

- 1. What year was your oil tank installed?
2. Where is the tank located?
3. Does the tank have a certification label attached?
4. Are there any signs of leaking or spills around the tank or fuel lines?
5. Can you smell any oil fumes or odours?
6. Is the tank inspected or serviced annually by a certified or licensed oil-heating contractor?
7. Is the tank filled regularly (even at the end of the heating season, as this prevents condensation in the tank)?
8. Distance from fuel tank to furnace
9. Is the outside vent pipe higher than the filler pipe?
10. Is the tank located near a driveway, in a garage or in a place where vehicles could come in contact with it?
11. Fuel Supply Lines -
12. Is the tank at least 5 ft. (1.52 m.) away from any other source of ignition?
13. Condition of tank and lines -
14. Is there a clear airspace of 2 ft. (0.61 m.) around the tank?
15. What do the oil tank legs stand on?
16. Is the oil tank level?
17. Have you ever had a heating oil spill on your premises?

DATE

INSURED'S SIGNATURE

