

PLYMOUTH OIL SERVICE INC.

25 BURR ROAD PLYMOUTH, CT. 06782 TEL. (860) 283-6651

TANK INSURANCE CONTRACT

A \$1400.00 VALUE FOR ONLY \$19.00 PER YEAR OR \$38.00 PER YEAR

For only \$19.00 or \$38.00 per year per tank (tank age needs to be determined) you can avoid the expensive cost of replacing your inside 275 gallon oil storage tank in the event that it starts leaking due to corrosion. Our new tank insurance plan now covers the replacement of your tank instead of repairing it. Replacement costs can easily total in excess of \$1400.00. Our insurance plan can eliminate this unexpected bill. Compare these figures, the normal life of a 275 gallon inside oil storage tank is approximately 30 years, multiply that times the cost of our insurance plan and decide whether this plan is right for you. This insurance plan is available to Preferred Plan customers of Plymouth Oil Service Inc. only.

THE FOLLOWING IS A LIST OF THE CUSTOMERS RESPONSIBILITIES:

1. Cost of removal of sludge, contaminated oil, and water.
2. Removal of any walls, partitions, or obstructions preventing or inhibiting the removal and installation process.
3. Cost of cleanup caused by loss of oil and removal of contaminated soil or any consequential damage to the environment.
4. Tanks damaged by explosion; fire; or acts of nature such as flood, storm, hurricane, tornado; or any other extenuating circumstances.
5. Cost of extra valves, fittings, or piping materials needed.

THE FOLLOWING IS A LIST OF COMPANY INSTALLATION POLICIES:

1. A patch will be applied to the leaking area until the tank can be replaced, a date and time to be determined by a company official.
2. Labor for replacing any tank must be done during normal business hours. Business hours 8:00 a.m. - 5:00 p.m. Monday thru Friday except holidays. Others are subject to a predetermined overtime charge.
3. Plymouth Oil Service reserves the right to terminate this contract at any time.

Period of coverage: _____ automatically renewed each year

Coverage dates

CUSTOMERS NAME _____ ACCT # _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

CUSTOMERS SIGNATURE: _____

TOTAL NUMBER 275 TANKS INSURED: _____ COST: _____

PLEASE RETURN PAYMENT IN FULL WITH SIGNED CONTRACT.