



INSURANCE CLAIM FORM

As soon as you know or suspect a release from your aboveground or underground tank/s or piping has occurred, or you plan to remove your underground tanks, please fill out this form. Sign the form and mail it to: Petroleum Storage Tank Insurance Fund, PO Box 104116, Jefferson City, MO 65110.

BUSINESS AND TANK INFORMATION

- Name and address of tank site: _____ Name, address & phone no. of person/entity seeking benefits: _____

- Policy number or ST number (if available): _____
- Number of underground tanks at this location: _____
Are the tanks still in use? Yes _____ No _____ If no, please provide date tanks were taken out of service: _____
- Number of aboveground tanks at this location: _____
Are the tanks still in use? Yes _____ No _____ If no, please provide date tanks were taken out of service: _____
- How long has a business with petroleum tanks been at this location? _____

INFORMATION ABOUT TANK REMOVALS

- Is this claim for a tank removal? Yes _____ No _____. If yes, is there a known release? Yes _____ No _____. If no, please skip to question number 15.

INFORMATION ABOUT THE SPILL OR LEAK

- When did you first learn a spill or leak had occurred? _____
- How was it discovered: (e.g., accidental spill, failed tightness test, etc.)

- Can you identify the source of the contamination (i.e., was it a tank, piping, overfill, spill, etc.):

(Continued on next page)

10. Are you aware of any person who has a bodily injury or property damage claim from this release? Yes _____ No _____
If yes, provide name(s) and phone number(s):

11. Do you think contamination has migrated beyond your property? Yes _____ No _____
If yes, provide name(s), address(es) and phone number(s) of affected person(s):

12. Have activities begun to clean up the contamination? Yes _____ No _____ If yes, please briefly describe:

13. Has a "site assessment" or "site characterization" report been prepared? Yes _____ No _____
If yes, please list date of report and enclose a copy with this form. _____

14. To your knowledge, is another person directly or indirectly responsible for causing this spill or leak? Yes _____ No _____
If yes, provide names(s) and address(es) and explain why you believe they are responsible:

OTHER INSURANCE

15. Please list all insurance policies in effect for this location, other than those issued by the PSTIF, even if the policies contain exclusions for pollution and/or cleanup costs (include commercial general liability, umbrella liability, first party property policies, etc.).

_____	Policy Number: _____
_____	Policy Number: _____
_____	Policy Number: _____

16. Have you notified any of the insurers listed above about this incident? Yes _____ No. _____
If yes, please provide the name and phone number of the adjuster:

This form must be signed by the person seeking PSTIF benefits.

The above answers are true, accurate, and complete to the best of my knowledge.

Signed: _____ Date: _____

Title, if representing a company, LLC or LLP: _____

Email: _____ Phone: _____