



Petroleum Storage Tank Insurance Fund

APPLICATION FOR ABOVEGROUND STORAGE TANKS

SITE: Div of Weights & Measures ID No. _____
(if available)

Site Name: _____

Site Address: _____ City _____ Zip _____

Site Contact Person: _____ Phone # _____

OPERATOR:

Name: _____ Owner of: Land _____ Tanks _____ Both _____

Mailing Address: _____ City _____ State _____ Zip _____

Contact Person: _____ Phone # _____

Legal Status of Operator: Sole Proprietor _____ Corporation _____ Partnership _____ Governmental _____

OWNER (If Different than Operator):

Name: _____ Owner of: Land _____ Tanks _____ Both _____

Mailing Address: _____ City _____ State _____ Zip _____

Contact Person: _____ Phone # _____

Legal Status of Owner: Sole Proprietor _____ Corporation _____ Partnership _____ Governmental _____

CORRESPONDENCE: Information regarding this application should be sent to: Owner _____ Operator _____

MORTGAGEE: (Optional. If you list Mortgagee, it will be named as additional insured and be notified of policy renewals and/or cancellations.)

Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

PREMIUM PAYMENT:

Premiums are due and payable with each application. Please use the worksheet with this application to determine the amount of payment to enclose.

Calculated annual premium (from worksheet) \$ _____

An applicant who owns 50 or more petroleum storage tanks has the option of paying the premium in equal semi-annual installments. If you own 50 or more petroleum storage tanks, do you wish to pay in installments?

Yes _____ No _____ Amount of premium enclosed with this application \$ _____

SITE INFORMATION

1. Are there any underground tanks in use or temporarily out of use at this location?

Yes _____ No _____ If no, go to question 2.

If yes, are these underground tanks currently insured by the PSTIF? Yes _____ No _____. If no, please answer A-C below. If yes, go to question #2.

	UST #1	UST #2	UST #3
A. Indicate the size of each tank (in gallons)			
B. Indicate the product currently stored in each UST. (UL-unleaded, PU-premium unleaded, MG-midgrade, DL-diesel, K-kerosene, J-jet, WO-waste oil, LO-lube oil, FO-fuel oil, HFO-heavy fuel oil)			
C. What financial responsibility mechanism is in place to pay for cleanup of leaks from the USTs? _____			
Enclose a copy of your insurance policy, letter of credit, trust document, bond, guarantee or letter of self-insurance.			

2. Are there any aboveground tanks at this site that:

A. Are temporarily out of service? Yes _____ No _____

If yes, please indicate the date each tank was taken out of service, if each tank is empty, and whether you plan to put the tank back into use:

3. Site Conditions.

A. Distance in feet to nearest building off premises:
 Less than 500 ft. _____
 500 – 1000 ft. _____
 over 1000 ft. _____

B. Distance in feet to nearest water well:
 Less than 500 ft. _____
 500 to 1000 ft. _____
 over 1000 ft. _____

C. Topography
 Flat (flood plain) _____
 Flat (upland) _____
 Sloping _____

4. Are you aware of existing contamination from a reportable release on this site?

Yes _____ No _____

5. Enclose one or more photographs of the facility, showing the ASTs, aboveground piping, containment or remote impoundment, etc.

6. Enclose a scaled diagram of the site (on a sheet of 8 1/2" x 11" paper) showing buildings, tanks, piping, dispensers and underground storage tanks and pipes. Be sure to show any manifolded/syphoned systems on the diagram.

Please label the tanks on the diagram with the corresponding AST number on the next page of the application (AST1, AST2, etc). In this same diagram, label and identify all valves, i.e. – electronic solenoid valves, manual gate valves, directional flow valves (check valves), pressure relief ports, strainers, meters, etc. (see example)

7. What is the size of the secondary containment area or remote impoundment in gallons? _____
 (Refer to the enclosed calculation sheet for help determining the size of your secondary containment.)

8. ABOVEGROUND TANKS	AST 1	AST 2	AST 3	AST 4	AST 5
A. When was each tank installed? (Month & Year)					
B. Was the tank new at installation? (Yes or No) If no, please provide the approximate age when it was installed.					
C. Indicate the size of each tank (in gallons)					
D. Indicate the product currently stored in each tank (UL-unleaded, PU-premium unleaded, MG-midgrade, DL-diesel, K-kerosene, J-jet fuel, WO-waste oil, LO-lube oil, HFO-heavy fuel oil)					
E. Is product from this tank offered for sale? (Yes or No)					
F. What is the approximate annual throughput of each tank? (in gallons)					
G. Is the tank horizontal or vertical? (Horiz or Vertical)					
H. Was the tank shop-fabricated or field-erected? (Shop-fabricated or Field-erected)					
I. Is the tank double-walled or vaulted?(DW, V, or neither)					
J. Is the tank riveted? (Yes or No)					
K. Is the tank manifolded to another tank? (Yes or No) If yes, please indicate which tank it is manifolded to and explain how they are linked together.					
9. PIPING					
A. When was the piping installed? (Month & Year)					
B. Is any portion of the piping underground? (Yes or No)					
C. What is the aboveground portion of the piping made of? (painted steel, galvanized steel, steel, fiberglass, enviroflex, etc.)					
D. What is the underground portion of the piping made of? (steel, fiberglass, enviroflex, etc.)					
10. SECONDARY CONTAINMENT					
A. What type of secondary containment do you have? Dike, Remote Impoundment or Other. If Other, please explain type.					
B. What is the floor of the secondary containment made of?					
C. What are the walls of the secondary containment made of?					
D. Is the containment area kept free of flammable and combustible materials – like tall grass, weeds, tires, wood, other chemicals, etc.? Yes or No					
11. SPILL PREVENTION/LEAK DETECTION					
A. Do you conduct regular visual inspections of the tanks and piping and the area around them? (Yes or No) Please provide a copy of at least 2 months of recent records documenting inspections.					
B. Has any integrity testing been performed on the tank shell and/or bottoms? (Yes or No) If yes, indicate when and enclose a copy of the results.					
C. Is the tank protected from corrosion? (Yes or No) If so, how?					
D. Are there product level detection gauges? (Yes or No)					
E. Is there any overfill alarm or similar device? (Yes or No) If yes, what type?					

11. SPILL PREVENTION/LEAK DETECTION (con't)					
F. Do you use any of the following methods to routinely monitor the tanks? (Yes or No) Vapor monitoring, groundwater monitoring, daily inventory control, statistical inventory reconciliation. If yes, enclose most recent 90 days of records.					
G. Are the lines pressurized, suction or gravity? If pressurized, enclose documentation, performed within the last 12 months, showing pressurized piping is liquid tight.					
H. Are the underground portion of the lines protected from corrosion? (Yes or No) If yes, how?					
I. Do you use any of the following methods to routinely monitor the piping? (Yes or No) Visual inspection, vapor monitoring, groundwater monitoring, daily inventory control, statistical inventory reconciliation. If so, enclose most recent 90 days of records.					

12. Has the MO. Dept. of Agriculture's Division of Weights and Measures notified you of any deficiencies at this facility in the last twelve months? Yes_____ No_____

If so, have those deficiencies been corrected? Yes_____ No_____

NOTE: Correction of deficiencies is required, and will be verified, before a policy is issued.

13. **DEDUCTIBLE REQUIREMENTS:** You must provide documents showing how you plan to meet the \$10,000 deductible. Please indicate how you plan to do this, and enclose the appropriate documents as described in the informational flyer. (Check one)

Self insurance _____ A Guarantee _____

Letter of Credit from a bank _____ Ability to Pay letter from a bank _____

Certificate of Deposit _____ Other _____

TO THE BEST OF MY KNOWLEDGE, I CERTIFY THAT THE STORAGE TANK SYSTEMS AT THIS LOCATION ARE IN COMPLIANCE WITH PERTINENT FEDERAL AND STATE REQUIREMENTS. ANY FALSE OR MISLEADING INFORMATION AND/OR MISREPRESENTATION IS GROUNDS FOR DENIAL OF CLAIMS AND/OR TERMINATION OF COVERAGE. I UNDERSTAND THAT I WILL ONLY BE INSURED FOR RELEASES FROM THE TANKS/PIPING LISTED ON THIS APPLICATION. THIS APPLICATION SHALL BE INCLUDED IN AND MADE PART OF THE INSURANCE POLICY.

 APPLICANT'S SIGNATURE TITLE DATE

 APPLICANT'S PRINTED NAME

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**Submit to: MISSOURI PST INSURANCE FUND
 P.O. BOX 104116
 JEFFERSON CITY, MO 65110-4116
 PHONE # 1-800-765-2765 or 573-761-4060**