



CLAIM FORM
PETROLEUM STORAGE TANK INSURANCE FUND

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

BUSINESS AND TANK INFORMATION

- 1. Name and address of property where release occurred: Name, address & phone no. of person/entity seeking benefits:
2. Policy No. or ST No. (if available): Phone:
3. 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: What petroleum products (are) were stored in the tank(s)?
4. 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: Was the petroleum product in the aboveground tank(s) offered for sale? Yes No What petroleum products (are) were stored in the tank(s)?
5. Who owns the petroleum tank(s)?
6. Who owns the land where the petroleum tank(s) are located? Does anyone lease the land? If yes, who?
7. Who owns and/or operates the business at this location, if any?
How long has this person or company operated it?
How long has a business with petroleum tanks been at this location?

INFORMATION ABOUT UNDERGROUND TANK REMOVALS

- 8. Is this claim for a tank removal and for which there is no known release? Yes No
If yes, please skip to question number 17.

INFORMATION ABOUT THE SPILL OR LEAK

- 9. When did you first learn a spill or leak had occurred?
10. How was it discovered? (e.g. accidental spill, failed tightness test, etc.)
11. Can you identify the source of the contamination? (i.e. was it a tank, piping, overfill, spill, etc.)

12. 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 telephone number(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Do you think contamination has migrated beyond your property? Yes\_\_\_\_No\_\_\_\_

If yes, provide name(s), address(es) and telephone number(s) of affected person(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone:\_\_\_\_\_

Phone:\_\_\_\_\_

14. Have activities commenced to clean up the contamination? Yes\_\_\_\_No\_\_\_\_

If yes, please briefly describe:\_\_\_\_\_

\_\_\_\_\_

15. Has a "site assessment" or "site characterization" report been prepared? If yes, please list date of report and enclose a copy with this form.\_\_\_\_\_

16. To your knowledge, is another person directly or indirectly responsible for causing this spill or leak? Yes\_\_\_\_No\_\_\_\_

If yes, provide name(s) and address(es) and explain why you believe they are responsible:\_\_\_\_\_

\_\_\_\_\_

**OTHER INSURANCE**

17. Please list all insurance policies in effect at this location when the release occurred, or was discovered, even if they 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: \_\_\_\_\_  
\_\_\_\_\_  
Policy Number: \_\_\_\_\_

18. Have you notified any of the insurers listed above of this incident? Yes\_\_\_\_ No\_\_\_\_

If yes, please provide name and phone number of adjuster:\_\_\_\_\_

19. Have you received or are you requesting payment from anyone else for costs associated with this claim?

Yes\_\_\_\_No\_\_\_\_ If so, whom?:\_\_\_\_\_

\_\_\_\_\_

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**This section to be completed ONLY by person(s)/entity seeking PSTIF benefits.**

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

Signed:\_\_\_\_\_ Date:\_\_\_\_\_

Please Print Name and Title(if applicable):\_\_\_\_\_

**Remember: Mail this form as soon as possible after you have, or suspect you may have had, a spill, leak or other release, or if you plan to remove your underground tanks. You will then be contacted by a claims adjuster.**