



**Application for Insurance on Aboveground Storage Tank(s)
For use ONLY when PSTIF-insured tanks are sold**

SITE Div of Weights & Measures ID No. _____

Site Name: _____

Site Address: _____ City: _____ Zip: _____

OPERATOR

Legal Entity Name: _____

(Check one) Owner of: Land _____ Tanks _____ Both _____

(Check one) Corporation _____ Partnership _____ Sole Proprietor _____ Government _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Email Address: _____ Cell Phone: _____

OWNER (If Different than Operator)

Legal Entity Name: _____

(Check one) Owner of: Land _____ Tanks _____ Both _____

(Check one) Corporation _____ Partnership _____ Sole Proprietor _____ Government _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Email Address: _____ Cell Phone: _____

CORRESPONDENCE

(Please indicate who will be the primary contact for this application and will be responsible for receiving and responding to our correspondence.)

Correspondence regarding this application should be sent to: (Check one) Tank Owner _____ Operator _____

MORTGAGEE

Legal Entity Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Email Address: _____

DEDUCTIBLE REQUIREMENTS

Note: You must provide a document showing how you plan to meet the \$10,000 deductible before a policy can be issued. *Please indicate below how you plan to do this and enclose the appropriate document; refer to 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 _____

* Enclose a balance sheet showing your assets and liabilities. Net worth must be at least \$100,000 or working capital must be at least \$50,000.

PARTICIPATION FEES

Participation fees are due and payable with each application.

Category One: (Tanks less than 25,000 gallons)	\$100 per tank x _____	=	\$ _____
Category Two: (Tanks of 25,000 gallons or greater)	\$200 per tank x _____		_____
Amount enclosed with this application (Make check payable to: PSTIF)			\$ _____

DOCUMENTS TO SUBMIT WITH APPLICATION

- 1) Current leak detection records, if applicable
- 2) Current corrosion protection records, if applicable
- 3) Documentation that any unresolved site inspection issues have been addressed
- 4) Documentation showing you can meet the \$10,000 deductible
- 5) Participation fees
- 6) Bill of sale signed by buyer and seller that specifies what date the tanks were sold. (You may redact sale price.)

BY SIGNING THIS APPLICATION I CERTIFY THERE HAVE BEEN NO CHANGES TO THE TANKS, PIPING, OVERFILL PREVENTION EQUIPMENT, LEAK DETECTION EQUIPMENT OR SECONDARY CONTAINMENT SINCE THE PREVIOUS OWNER WAS INSURED BY THE PSTIF, AND I DO NOT PLAN TO MAKE ANY SUCH CHANGES. I ALSO CERTIFY THE TANK(S) CURRENTLY CONTAIN(S) THE SAME PRODUCT(S) AS PREVIOUSLY.

I UNDERSTAND THE FOREGOING INFORMATION IS PROVIDED TO MEET THE STATE OF MISSOURI'S FINANCIAL RESPONSIBILITY REQUIREMENTS FOR ABOVEGROUND STORAGE TANKS. I CERTIFY THAT THE STORAGE TANK SYSTEMS ARE IN COMPLIANCE WITH ALL FIRE AND SAFETY STANDARDS ESTABLISHED BY THE MISSOURI DIVISION OF WEIGHTS AND MEASURES. ANY FALSE OR MISLEADING INFORMATION AND/OR MISREPRESENTATIONS ARE GROUNDS FOR DENIAL OF CLAIMS AND/OR TERMINATION OF COVERAGE. I UNDERSTAND I WILL ONLY BE INSURED FOR RELEASES FROM THE TANKS/PIPING LISTED IN THE COVERAGE DOCUMENT ISSUED TO ME. THIS APPLICATION SHALL BE INCLUDED IN AND MADE PART OF MY PARTICIPATION AGREEMENT.

APPLICANT'S SIGNATURE	TITLE	DATE
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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**