



**APPLICATION FOR ABOVEGROUND STORAGE TANK(S)**

**SITE**

Div of Weights & Measures ID No. \_\_\_\_\_  
(if available)

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**OPERATOR**

Legal Entity Name: \_\_\_\_\_

(Check one) Owner of: Land \_\_\_\_\_ Tanks \_\_\_\_\_ Both \_\_\_\_\_

(Check one) Corporation \_\_\_\_\_ Partnership or LLC \_\_\_\_\_ 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 or LLC \_\_\_\_\_ 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: \_\_\_\_\_

**SITE INFORMATION**

1. Are there any underground tanks in use or out of use/empty 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-B 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, E85, or BD-Biodiesel)			

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

A. Are out of service/empty? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate which tank(s) and when it was emptied: \_\_\_\_\_

3. Enclose photographs of the facility, showing the ASTs, aboveground piping, secondary containment or remote impoundment, etc.

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

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).

5. What is the size of the secondary containment area or remote impoundment in gallons? \_\_\_\_\_  
 (For vertical tanks, refer to the enclosed calculation sheet for help determining the size of your secondary containment. If you have horizontal tanks and need help with your calculation, please contact us at 855-765-4041.)

6. 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, HFO-heavy fuel oil, E85, BD-Bio-diesel)					
E. Is product from this tank offered for sale? (Yes or No)					
F. What is the approximate monthly throughput of each tank, in gallons? (Combine throughput of manifolded tank systems)					
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 manifolded to another tank? (Yes or No) If yes, please indicate which tank it is manifolded to and explain how they are linked together.					

<b>7. PIPING</b>	<b>AST 1</b>	<b>AST 2</b>	<b>AST 3</b>	<b>AST 4</b>	<b>AST 5</b>
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? (galvanized steel, painted steel, fiberglass, enviroflex, etc.)					
D. What is the underground portion of the piping made of? (galvanized steel, painted steel, fiberglass, enviroflex, etc.)					
<b>8. SECONDARY CONTAINMENT</b>					
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					
<b>9. SPILL PREVENTION/LEAK DETECTION</b>					
A. Do you conduct and document in writing 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 overfill alarms or similar devices? (Yes or No) If yes, what type?					
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 any portion of your piping is <u>underground</u> , enclose documentation, performed within the last 12 months, showing piping is liquid tight.  If all piping is <u>aboveground</u> , enclose written records of visual inspections indicating who inspected the lines, the date they were inspected and what was observed during the last 12 months.					

10. 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 certain deficiencies is required, and will be verified, before a policy is issued.**

**DEDUCTIBLE REQUIREMENTS**

**NOTE:** You must provide documents showing how you plan to meet the \$10,000 deductible before a policy can be issued. *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 _____

**PARTICIPATION FEES**

*(Participation Fees are due and payable with each application. An applicant who owns 50 or more petroleum storage tanks has the option of paying the participation fees in equal semi-annual installments.)*

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 \_\_\_\_\_ = \$ \_\_\_\_\_

Calculated annual participation fees \$ \_\_\_\_\_

One-time \$100 New Tank Fee: \$100 per tank x \_\_\_\_\_ = \$ \_\_\_\_\_  
*(Must be paid only once for each tank)*

Amount enclosed with this application \$ \_\_\_\_\_  
*(Make check payable to the PSTIF)*

I UNDERSTAND THAT THE FOREGOING INFORMATION IS PROVIDED TO MEET THE FINANCIAL RESPONSIBILITY REQUIREMENTS AS DEFINED BY THE STATE OF MISSOURI FOR ABOVEGROUND STORAGE TANKS. 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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**Send to: MISSOURI PST INSURANCE FUND  
P.O. BOX 104116  
JEFFERSON CITY, MO 65110-4116  
PHONE # 1-800-765-2765 or 573-761-4060**