



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

SITE

Site Name: _____ DNR ST# _____

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.

OPERATOR TRAINING CERTIFICATION

_____ (print name) has been designated as the Class A/B Operator for this facility and has successfully completed a UST operator training course or test offered or approved by (fill in name of state training/test obtained): _____; a copy of certificate is enclosed.

The designated Class A/B Operator hereby certifies (check one):

- _____ All Class C Operator(s) for the underground tanks currently in use at this location have been properly trained; or
- _____ This is an unmanned facility and I have posted emergency contact information in a conspicuous location.

Printed Name

Phone Number

Company Name

Date

PARTICIPATION FEES

(Participation fees are due and payable with each application.)

Category One: (Double-walled tank and piping systems) \$100 per tank x _____ = \$ _____

Category Two: (All other fully compliant tank systems) \$125 per tank x _____ = _____

Amount enclosed with this application \$ _____

(Make check payable to: PSTIF)

DOCUMENTS TO SUBMIT WITH APPLICATION

For Tank Systems Installed before July 1, 2017:

- 1) Two (2) current months of leak detection records. If you cannot obtain records from the previous owner, current tank and line tightness tests must be provided.
- 2) Recent corrosion protection records, if applicable, (cathodic protection and/or internal lining documents)*
- 3) Annual operability tests of electronic and mechanical leak detection equipment*
- 4) Documentation showing you can meet the \$10,000 deductible
- 5) Operator training certificate
- 6) Documentation that any unresolved site inspection issues have been resolved
- 7) Participation fees
- 8) Bill of sale signed by buyer and seller that specifies what date the tanks were sold. (You may redact sale price.)

For Tank Systems Installed on or after July 1, 2017:

- 1) Two (2) current months of leak detection records. If you cannot obtain records from the previous owner, current tank and line tightness tests must be provided.
- 2) Recent corrosion protection records, if applicable, (cathodic protection and/or internal lining documents)*
- 3) Annual operability tests of electronic and mechanical leak detection equipment*
- 4) Spill bucket test results that are less than 3 years old*
- 5) Overfill prevention equipment test results that are less than 3 years old*
- 6) Containment sump test results that are less than 3 years old*
- 7) Documentation showing you can meet the \$10,000 deductible
- 8) Operator training certificate
- 9) Documentation that any unresolved site inspection issues have been resolved
- 10) Participation fees
- 11) Bill of sale signed by buyer and seller that specifies what date the tanks were sold. (You may redact sale price.)

** You may contact our office to see if we have current records on file from previous owner.*

BY SIGNING THIS APPLICATION I CERTIFY THERE HAVE BEEN NO CHANGES TO THE TANKS, PIPING, SPILL PREVENTION EQUIPMENT, OVERFILL PREVENTION EQUIPMENT, OR LEAK DETECTION EQUIPMENT 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 UNDERGROUND STORAGE TANKS. 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.

I CERTIFY THAT THE TANKS MEET OR EXCEED AND ARE IN COMPLIANCE WITH ALL TECHNICAL STANDARDS ESTABLISHED BY THE MISSOURI DEPARTMENT OF NATURAL RESOURCES AND ALL FIRE AND SAFETY STANDARDS ESTABLISHED BY THE MISSOURI DIVISION OF WEIGHTS AND MEASURES.

APPLICANT'S SIGNATURE	TITLE	DATE
-----------------------	-------	------

APPLICANT'S PRINTED NAME

.....

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