

# PETROLEUM STORAGE TANK INSURANCE FUND AST ENDORSEMENT

## Extended Reporting Period for Tanks Taken Out of Use

Policy Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Tank	Size	Previous Contents	Out of Service Date

This endorsement applies under the following conditions:

"Since all of the previously insured **aboveground storage tanks** have been emptied and taken out of use, the owner and/or operator shall no longer be insured for costs resulting from a sudden or a non-sudden **release**, since there cannot be a **release** from an empty tank. Instead, the owner or operator may elect to purchase an extended reporting period to protect against costs of corrective action which may be required as a result of a sudden or non-sudden **release** which occurred while the tank(s) was/were in use, but which is not yet known."

This endorsement hereby grants to the party(ies) named below an additional period of time to give notice of claim for **cleanup costs**. This endorsement does not extend coverage past the expiration date of the policy during which the tank(s) was/were emptied and taken out of use, nor does the endorsement increase the limits granted in the policy. The covered claim to which this endorsement applies must arise from a **release** that occurred during a policy period in which the tank(s) was/were insured.

The **release** must have occurred after the following date:

Retroactive Date of the Policy: \_\_\_\_\_

The Fund Participant(s) listed below is/are hereby granted until \_\_\_\_\_ at 12:01 a.m., in which to give notice of claims to the PSTIF.

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative of the  
Missouri Petroleum Storage Tank Insurance Fund

\_\_\_\_\_  
Effective Date of Endorsement

# PETROLEUM STORAGE TANK INSURANCE FUND AST ENDORSEMENT

## Extended Reporting Period for Former Fund Participant(s)

Policy Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Names and Current Address(es)  
of Former Fund Participant(s):

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

This endorsement acknowledges that the ownership of the **aboveground storage tanks** has changed and the Fund participant(s) named above no longer have an insurable interest relative to the **aboveground storage tanks** at this location. Further, it grants to such Fund participant(s) an extended reporting period during which time such participant(s) may give notice of a claim to the PSTIF for **releases**, as defined in the policy, which occurred during the policy period. The policy period commenced on the retroactive date and terminated on the cancellation date noted below:

Retroactive Date of the Policy: \_\_\_\_\_

Policy Cancellation  
or Non-Renewal Date: \_\_\_\_\_

The former Fund participant(s) are hereby granted until \_\_\_\_\_ at 12:01 a.m. in  
which to give notice of claims to the PSTIF.

\_\_\_\_\_  
Authorized Representative of the  
Missouri Petroleum Storage Tank Insurance Fund

\_\_\_\_\_  
Effective Date of Endorsement