



## INSURANCE CLAIM FORM

**As soon as you know or suspect a release from your aboveground or underground tank/s or piping has occurred, please fill out this form.** Sign the form and mail it to: Petroleum Storage Tank Insurance Fund, PO Box 104116, Jefferson City, MO 65110.

### BUSINESS AND TANK INFORMATION

1. Name and address of tank site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Name, address & phone no. of person/entity seeking benefits:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Policy number or ST number (if available): \_\_\_\_\_
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: \_\_\_\_\_
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: \_\_\_\_\_
5. How long has a business with petroleum tanks been at this location? \_\_\_\_\_

### INFORMATION ABOUT THE RELEASE

6. When did you first learn a release had occurred? \_\_\_\_\_
7. How was it discovered: (e.g., accidental spill, failed tightness test, tank removal, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Can you identify the source of the contamination (i.e., was it a tank, piping, overfill, spill, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continued on next page)

9. 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 phone number(s):

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

10. Do you think contamination has migrated beyond your property? Yes No  
If yes, provide name(s), address(es) and phone number(s) of affected person(s):

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

11. Have activities begun to clean up the contamination? Yes No If yes, please briefly describe:

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

12. Has a "site assessment" or "site characterization" report been prepared? Yes No  
If yes, please list date of report and enclose a copy with this form. \_\_\_\_\_

13. To your knowledge, is another person directly or indirectly responsible for causing this release? Yes No  
If yes, provide names(s) and address(es) and explain why you believe they are responsible:

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

**OTHER INSURANCE**

14. Please list all insurance policies in effect for this location, other than those issued by the PSTIF, even if the policies 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: \_\_\_\_\_

15. Have you notified any of the insurers listed above about this incident? Yes No  
If yes, please provide the name and phone number of the adjuster:

\_\_\_\_\_

**This form must be signed by the person seeking PSTIF benefits.**

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

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

Title, if representing a company, LLC or LLP: \_\_\_\_\_

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