



DECLARATIONS PAGE

Participation Agreement No.:

Named Insured:

Address:

Period of Coverage:

Retroactive Date:

Insurer: **Missouri Petroleum Storage Tank Insurance Fund Board of Trustees**

Address: **P.O. Box 104116, Jefferson City, MO 65110**

Name of Additional Insured(s):

This certifies that the Participation Agreement covers the following tanks:

Site Address

Tanks Covered

The limits of liability are:

Deductible per release:

Participation fees paid:

Authorized Representative of the Missouri Petroleum
Storage Tank Insurance Fund Board of Trustees