



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 or email it to: jeffcity@willconsult.com.

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 the participation agreement 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.

I hereby attest that 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: _____