



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 836, Jefferson City, MO 65102

Name of Additional Insured(s):

This certifies that the Participation Agreement covers the following tanks:

| <u>Site Address</u> | <u>Tanks Covered</u> | | |
|---------------------|----------------------|----------------|-------------|
| | Tank 1 | 12,000 gallons | Unleaded |
| | Tank 2 | 12,000 gallons | Diesel |
| | Tank 5 | 3,000 gallons | Premium Unl |

The total limit of liability for "cleanup costs", "property damage", and "bodily injury" caused by a "release", in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the Participation Agreement, arising out of operating the "aboveground storage tank(s)" identified above is:

****ONE MILLION DOLLARS (\$1,000,000) PER OCCURRENCE****,
****TWO MILLION DOLLARS (\$2,000,000) IN AGGREGATE****.

Deductible per release: \$10,000.00

Participation fees paid: \$300.00

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