



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	10,000 gallons	Unleaded
	Tank 2	10,000 gallons	Premium Unl
	Tank 3	10,000 gallons	Diesel

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 "underground 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: \$375.00

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