



**Application for Insurance on Underground/Aboveground Storage Tank(s)  
For use ONLY when PSTIF-participating tanks are sold**

**SITE**

Site Name: \_\_\_\_\_ Division of Weights & Measures ID # or  
DNR ST#: \_\_\_\_\_  
Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**OPERATOR**

Legal Entity Name: \_\_\_\_\_  
(Check one) Owner of: Land \_\_\_\_\_ Tanks \_\_\_\_\_ Both \_\_\_\_\_  
(Check one) Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Government \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**OWNER (If Different than Operator)**

Legal Entity Name: \_\_\_\_\_  
(Check one) Owner of: Land \_\_\_\_\_ Tanks \_\_\_\_\_ Both \_\_\_\_\_  
(Check one) Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Government \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**CORRESPONDENCE**

*(Please indicate who will be the primary contact for this application and will be responsible for receiving and responding to our correspondence.)*

Correspondence regarding this application should be sent to: (Check one) Tank Owner \_\_\_\_\_ Operator \_\_\_\_\_

**MORTGAGEE**

Legal Entity Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## DEDUCTIBLE REQUIREMENTS

**NOTE:** You must provide a document showing how you plan to meet the \$10,000 deductible before a Participation Agreement can be issued. ***Please indicate below how you plan to do this and enclose the appropriate document; refer to informational flyer. (Check one)***

Self Insurance* _____	A Guarantee _____
Letter of Credit from a bank _____	Ability to Pay Letter from a bank _____
Certificate of Deposit _____	Other _____

\* Enclose a balance sheet showing your assets and liabilities. Net worth must be at least \$100,000 or working capital must be at least \$50,000.

## OPERATOR TRAINING CERTIFICATION (UST Only)

\_\_\_\_\_ (print name) has been designated as the Class A/B Operator for this facility and has successfully completed a UST operator training course or test offered or approved by (fill in name of state training/test obtained): \_\_\_\_\_; a copy of certificate is enclosed.

The designated Class A/B Operator hereby certifies (check one):

- \_\_\_\_\_ All Class C Operator(s) for the underground tanks currently in use at this location have been properly trained; or
- \_\_\_\_\_ This is an unmanned facility and I have posted emergency contact information in a conspicuous location.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

## PARTICIPATION FEES

*(Participation fees are due and payable with each application.)*

UST Category One: (Double-walled tank and piping systems)	\$100 per tank x _____	=	\$ _____	
UST Category Two: (All other fully compliant tank systems)	\$125 per tank x _____		_____	
AST Category One: (Tanks less than 25,000 gallons)	\$100 per tank x _____	=	\$ _____	
AST Category Two: (Tanks of 25,000 gallons or greater)	\$200 per tank x _____		_____	

**Amount enclosed with this application**  
***(Make check payable to: PSTIF)***      \$ \_\_\_\_\_

## DOCUMENTS TO SUBMIT WITH APPLICATION

- 1) Most recent two (2) months of leak detection records (Visual inspection log acceptable for ASTs). If you cannot obtain records from the previous owner, USTs must provide current tank and line tightness tests. For USTs and associated piping systems installed on or after July 1, 2017, interstitial monitoring records are required for double-walled tanks and double-walled piping.
- 2) Recent corrosion protection records, if applicable, (cathodic protection and/or internal lining documents)\*
- 3) USTs only - Annual operability tests of electronic and mechanical leak detection equipment\*
- 4) USTs only - Spill bucket test results that are less than three (3) years old\*
- 5) USTs only - Overfill prevention equipment test results that are less than three (3) years old\*
- 6) USTs only - Containment sump test results that are less than three (3) years old for required containment sumps\*
- 7) Documentation showing you can meet the \$10,000 deductible
- 8) USTs only - Operator training certificate
- 9) Documentation that any unresolved site inspection issues have been resolved
- 10) Participation fees
- 11) Bill of sale signed by buyer and seller that specifies what date the tanks were sold. (You may redact sale price.)

\* You may contact our office to see if we have current records on file from previous owner.

**NOTE:** If you fail to obtain an acceptable financial responsibility mechanism (insurance) for your petroleum storage tanks timely and/or you have a release prior to providing us all the documents we have requested, it may result in a site assessment being requested under Section 319.133.6, RSMo.

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**DECLARATION**

Applicant understands and agrees that all written statements and materials furnished by the Applicant to the Board of Trustees of the Missouri Petroleum Storage Tank Insurance Fund ("Board") in conjunction with this application are incorporated into this application and made a part of it.

Applicant represents and warrants that all statements and facts contained in this application, including all written statements and facts furnished by the Applicant to the Board in conjunction with this application are true, correct, and complete; however, in the case of written statements and facts made by third parties supplying information on which the Applicant has reasonably relied, such as reports by third parties detailing the results of line tightness tests, Applicant represents and warrants such statements are true, correct, and complete only to the best of Applicant's knowledge.

Applicant states that no other material facts have been misstated, suppressed, or omitted.

Applicant understands and agrees that providing false or misleading information; or misstating, suppressing, or omitting material facts may be grounds for the denial of any claim (in whole or in part), termination (including rescission) of coverage, a claim for breach of contract, or all of these.

Applicant certifies that the tanks meet or exceed and are in compliance with all technical standards established by federal and state regulatory agencies.

Applicant understands and agrees that, if applicant is admitted to participation in the Fund, there is no coverage for petroleum releases occurring prior to the Retroactive Date stated in the Participation Agreement.

If this application is signed by an individual acting on behalf of an entity, then Applicant represents and warrants that he/she is authorized to sign for and bind that entity.

\_\_\_\_\_  
APPLICANT'S SIGNATURE TITLE DATE

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

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**Submit to: MISSOURI PSTIF  
P.O. BOX 836  
JEFFERSON CITY, MO 65102  
PHONE:  
855-765-4041**