



PETROLEUM MARKETERS MANAGEMENT INSURANCE COMPANY
2894 – 106th St., PO Box 7628
Urbandale, IA 50323
Iowa Watts 800/942-1000; 515/334-3001 (phone)
515/334-3013 (fax)

**APPLICATION FOR COVERAGE TO MEET
FINANCIAL RESPONSIBILITY REQUIREMENTS**

Insurance coverage issued by Petroleum Marketers Management Insurance Company is subject to completion of the required written application, verification that your location tests "release free" or is under remediation (at the direction of the Iowa DNR), verification of an appropriate leak detection system on tanks and lines and payment of the annual premiums. Tanks must meet Federal Technical Standards for upgrades or new tanks in order to be eligible to obtain the insurance coverage.

APPLICANT INFORMATION

Named Insured: _____ Business Phone No.: (____) _____

Contact Name: _____ Business Phone & Extension Nos.: (____) _____

Best Contact Information: Cell No.: (____) _____ Email address _____

Check all that apply: Land Owner ____ Tank Owner ____ Operator ____ Other (specify) ____

Mailing Address: _____ City _____ State _____ Zip _____

Site Name: _____

Site Address: _____ City _____ State _____

Legal Entity of Site Owner: Sole Proprietor _____ Corporation _____ Partnership _____ Governmental _____

Social Security # for Sole Proprietors or Federal Tax I.D. # for all other legal entities: _____

ADDITIONAL INSURED (provide documentation of insurable interest; i.e., lease papers, mortgage papers, etc.)

Name of Additional Insured: _____

Land Owner ____ Tank Owner ____ Operator ____ Other (Specify) _____

Mailing Address: _____ City _____ State _____ Zip _____

MORTGAGEE INFORMATION

Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

SITE INFORMATION

Distance in feet to nearest building off premises
from the UST site?

Less than 500 ft. (71) _____
500 to 1000 ft. (72) _____
Over 1000 ft. (73) _____

Distance in feet to nearest water well from
your UST site?

Less than 500 ft. (71) _____
500 to 1000 ft. (72) _____
Over 1000 ft. (73) _____

NOTE: Your local CFSA or extension office may be able to provide assistance with the answers to the above.

Are you currently aware of contamination on this site?

Yes No

Are you presently involved in or are you planning to do a "clean up"? Yes No

If "Yes", please describe the work planned or completed: _____

Environmental Consultant: Name: _____
 Address: _____

Contractor doing clean up: Name: _____
 Address: _____

Send us a summary of your remediation plan. This must include any initial test results of soil and groundwater samples taken before or at the time of remediation.

Additional Comments: _____

GENERAL INFORMATION

1. How many active tanks do you have on site? _____ How many tanks are temporarily closed? _____
2. How many dispensers do you have on site? _____
3. Do all dispensers have intact secondary containment? _____
4. Does all piping/STP have intact secondary containment? _____
5. Does all piping/STP secondary containment have functional sensors? _____
6. Please circle the deductible for this facility you wish to purchase: \$5,000 or \$10,000
7. Please check which describes your business: Marketer of petroleum _____; Non-Marketer of petroleum _____

TANK SYSTEM

TANKS	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5
1. Date of Installation (month/year)					
2. Tank Capacity & Contents (Example: 1,000UL (see product ID below)					
If the tank has compartments, fill in size and contents (see example above).					
AV = AV gas I = other oil P = premium UL					
B = NL+ J = jet fuel R = regular					
D = diesel K = kerosene S = super UL					
F = fuel oil L = lube oil UL = unleaded					
G = gasohol M = midgrade W = waste oil					
H = heavy oil N = new oil Z = unknown					
ALT = ethanol above 10%, biodiesel (specify)					
HA = hazardous substance (specify) O = other (specify)					
3. What is the approximate annual volume of product per tank in gallons?					
4. What material is each tank made of? (steel, fiberglass, Stip-3, Act100, etc.)					
5. Is the tank double-walled? (yes or no)					
6. Is the tank lined? (yes or no) If yes, provide a copy of the lining certificate.					
7. Is the tank cathodically protected? (yes / no) If yes, indicate when the cathodic protection was installed and provide a copy of the last cathodic protection test results.					

PIPING	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5
1. What is the piping made of? (steel, fiberglass, enviroflex, environ, etc.)					
2. Is the piping double-walled? (yes or no)					
3. Is the piping cathodically protected? (yes or no) If yes, indicate when the cathodic protection was installed and provide a copy of the last cathodic protection test results.					
4. Has piping been replaced? (yes or no) If yes, please indicate approximate date.					
SPILL AND OVERFILL PREVENTION EQUIPMENT	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5
1. Do you have spill prevention equipment, i.e., a catchment basin? (yes or no) Indicate size in gallons and brand: _____					
2. Do you have overfill prevention equipment? (yes or no) If yes, please check type below:					
a. Automatic Shutoff Devices - Brand and Model #					
b. Overfill Alarms - Brand and Model #					
c. Ball Float Valves - Brand and Model #					

LEAK DETECTION

NOTE: You must enclose leak detection records with this application.
Refer to the informational flyer for the records to enclose.

RELEASE DETECTION SYSTEM/TANKS	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5
For each tank, please list your primary leak detection method. (Choices: DIC - daily inventory control, ATG - automatic tank gauging, SIR - statistical inventory reconciliation, MTG - manual tank gauging, VP - vapor monitoring, GW - groundwater monitoring, IM - interstitial monitoring)					
Please describe how frequently you use this method to check for leaks.					
RELEASE DETECTION SYSTEMS/PIPING	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5
1. Is the piping pressurized? (yes or no)					
a. Are the line leak detectors mechanical or electronic?					
b. Has a line tightness test been done? (yes or no) If yes, enclose a copy.					
2. Is the piping suction? (yes or no)					
a. Is piping sloped so that contents will drain back into the storage tank if suction is released? (yes or no)					
b. Is there only one check valve in each suction line? (yes or no)					
c. Is the check valve located directly below the pumps? (yes or no)					
d. If the answer to any of these is no, when was the last line tightness test done? (MM\DD\YY) (Enclose a copy.)					

Please refer to the enclosed informational flyer on the methods of leak detection for the appropriate records to submit on your piping.

OWNERSHIP BACKGROUND INFORMATION

Thank you for your interest in obtaining insurance from Petroleum Marketers Management Insurance Company. Please complete the information requested below, and sign and date this form.

Provide the name, address and Social Security Number or Federal Tax Identification Number for the individual or company (and affiliates) that is the (A) owner the property; (B) owner of the petroleum storage tanks; and (C) operator of the petroleum storage tanks. An affiliate is any individual or corporation that has a 20% or greater ownership interest in the subject company. Please utilize the following format:

Property Owner Name: _____
Address: _____
City, State, Zip: _____
Phone number: _____
Federal Tax ID number: _____

Does this entity conduct business under any other name? **Yes or No**
If yes, list all DBAs and their addresses. Affiliates (provide the same information)

Petroleum storage tank system Owner Name: _____
Address: _____
City, State, Zip: _____
Phone number: _____
Federal Tax ID number: _____

Does this entity conduct business under any other name? **Yes or No**
If yes, list all DBAs and their addresses. Affiliates (provide the same information)

Petroleum storage tank system Operator Name: _____
Address: _____
City, State, Zip: _____
Phone number: _____
Federal Tax ID number: _____

Does this entity conduct business under any other name? **Yes or No**
If yes, list all DBAs and their addresses. Affiliates (provide the same information)

For each owner, operator, and their affiliates, provide a complete listing of all other petroleum storage tank facilities in which they have any interest as an owner or operator.

Is any owner, operator, affiliate or any of the facilities listed above subject to an enforcement action by any regulatory agency in the United States, for any violation of petroleum storage tank technical requirements or environmental regulations?
Yes or No

Your application for insurance cannot be processed without this information completed for every individual and company that has an ownership interest in the site or sites for which coverage is requested.

I UNDERSTAND THAT THE FOREGOING INFORMATION IS PROVIDED AS AN INDUCEMENT TO MEET FINANCIAL RESPONSIBILITY REQUIREMENT AS DEFINED BY THE FEDERAL EPA. ANY FALSE OR MISLEADING INFORMATION CAN BE GROUNDS FOR CANCELLATION OF COVERAGE.

APPLICANT'S SIGNATURE TITLE DATE

APPLICANT'S PRINTED NAME