



PETROLEUM MARKETERS MANAGEMENT INSURANCE COMPANY  
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Urbandale, IA 50323  
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TO: PETROLEUM MARKETERS MANAGEMENT INSURANCE COMPANY  
465 Alice's Road, Suite H  
Waukee, IA 50263

RE: Authorization to Release Inspection Information to IDNR

**Named Insured:** \_\_\_\_\_

This is to certify that the undersigned is a duly authorized representative of the above named policyholder and hereby authorizes Petroleum Marketers Management Insurance Company (PMMIC) and its agents to provide information obtained by PMMIC and its agents, to the Iowa Department of Natural Resources or other regulatory agency having responsibility for regulatory oversight of petroleum storage tank systems for purposes of satisfying petroleum storage tank inspection requirements. Once submitted to the regulatory agency, the inspection will become a public record.

Information to be released includes any information PMMIC and its agents obtain, or may maintain associated with the above named policyholder or policy, regarding testing, loss control, underwriting and inspections, during any periods of time that the above named policyholder may have applied for insurance with PMMIC or during all of the periods of time PMMIC may have insured the above policyholder and/or predecessor companies or policyholders on the policy, as necessary to satisfy regulatory inspection requirements. This authorization does not require PMMIC to release the listed information.

This authorization remains in effect until it is withdrawn in writing by the policyholder. By authorizing PMMIC to release this information to the Iowa Department of Natural Resources or other regulatory body having jurisdiction for regulatory oversight of petroleum storage tanks, the policyholder agrees to waive any claims or damages against PMMIC or its agents associated with the release of this information.

**Please sign and return this authorization by \_\_\_\_\_!**

Please provide the policy number(s) you are authorizing PMMIC to release inspection information for in the space provided below. Remember to provide the Named Insured in the space at the top of this form.

**AUTHORIZE ALL**

**Policy Number(s):** \_\_\_\_\_

Policyholder Representative and Title:

\_\_\_\_\_  
(Policyholder Signature) (Print Name) (Date)

\_\_\_\_\_  
(Witness Signature) (Print Name) (Date)