

**PREMIUM INVOICE – ADDITIONAL INSURED
PETROLEUM MARKETERS MANAGEMENT INSURANCE COMPANY**

Policy #: _____ Policy Period: _____

Premium Due: _____

The above policy has _____ listed as an additional insured. Recently the named insured, _____, requested cancellation of this policy. The policy was cancelled effective _____. An additional insured can reinstate this policy by filling in the Insured Information (shown below) and providing the premium due for the balance of the policy period, plus current leak detection information or temporary closure notice.

Send premium with this form filled out, signed and dated to: PMMIC, 2894 – 106th St., PO Box 7628, Urbandale, IA 50323.

INSURED INFORMATION

Named Insured: _____

Sole proprietorship Corporation Partnership Other _____

Mailing Address: _____

City, State: _____

Phone #: _____ Fax #: _____

Federal ID #: _____ or Social Security # (if sole proprietorship) _____

Insured Contact Person: _____ E-mail: _____

Phone # (if different from above): _____ Fax #: _____

Insurable Interest: Operator ____; Property Owner ____; Tank Owner ____; Other _____

SITE INFORMATION

Site Contact Person: _____

Day Phone #: _____ E-mail: _____

ADDITIONAL INSURED

Additional Insured: _____

Owner Operator Mortgagee Other _____

Mailing Address: _____

NOTE: Within 30 days, provide current leak detection records if site is active or proper temporary closure notice if site is inactive.

Signature

Date

Board of Directors
Ron Burmeister, Chairman; W. A. Krause, M.J. Dolan, Richard D. Johnson, Ron McGauvran