



PETROLEUM MARKETERS MUTUAL INSURANCE COMPANY

2894 – 106th St., PO Box 7628

Urbandale, IA 50323

Iowa Watts 800/942-1000; 515/334-3001 (phone)

515/334-3013 (fax)

RENEWAL APPLICATION

**Insured Name
Address
City, State, Zip**

**Policy No.:
Expiration Date:**

**Release/Aggregate Limits:
Deductible:**

Dear Policyholder:

The pollution liability insurance policy on your underground tank(s) is due for renewal in approximately 60 days. This notice shows site information and who is covered by your policy.

To maintain continuous coverage for your UST system, PMMIC must receive a complete application AND full premium payment on or before your expiration date. If a complete application and full premium are not received on or before the expiration date, you will be subject to a \$50 surcharge, due and payable immediately to avoid termination of your UST coverage.

A **COMPLETE APPLICATION** consists of the following:

1. An update, or confirmation, of all information contained in this notice.
2. Documentation of modifications to your UST system since your last application.
3. Notice of any changes of the site name, site operator, site ownership, or additional insured.
4. Current leak detection and monitoring records.
5. Signed copy of this renewal notice with all changes noted.
6. Appropriate **premium** payment as indicated in this notice.

If you do not submit ALL of the above, the application is NOT complete.

Please confirm or correct the following policy information:

Policyholder/Insured:

**Name:
Federal ID#:
Address:
City:
State: Zip Code:
Phone:
Contact Person:
Contact Phone:
Contact Fax:
Contact Email:**

Site Information:

**Name:
Address:
City:
State: Zip Code:
Contact Person:
Contact Phone
Contact Fax:
Contact Email:**

Additional Insureds (if any):

**Name:
Address:
City:
State:
Zip Code:
Phone:
Contact Fax:
Contact Email:
Type:**

Our records indicate that manual tank gauging is used as a leak detection system at your site. Please submit the weekly reconciled reading from last month to our office.		
Submit the identified test results along with the signed renewal application and premium check to renew your insurance.		

I understand that the foregoing information is provided as an inducement to meet financial responsibility requirements as defined by the Federal EPA. Any false or misleading information can be grounds for cancellation of coverage.

Signature

Title

Date

Printed Name

Daytime Phone No.

Federal Tax ID #

Return these forms to: PMMIC, 2894 – 106th St., PO Box 7628, Urbandale, IA 50323

Policy _____

RENEWAL PREMIUM NOTICE
PRETROLEUM MARKETERS MUTUAL INSURANCE COMPANY

CUSTOMER COPY

Insured: _____
Address: _____

Policy No.: _____
Expiration Date: _____

Premium is for the following site: _____ Site Name _____
Period of Coverage: _____ to _____

Premium due if complete application is received on or before (expiration date) \$ _____
Premium due if premium or any portion of application received after (expiration date) \$ _____

NOTE: If a complete application is not received by the expiration date, your policy will expire. Applications will not be processed without premium payment. A signed application must be received before we can renew your policy.

Please detach the section below and return with a signed renewal application and your payment.

RENEWAL PREMIUM NOTICE
PRETROLEUM MARKETERS MUTUAL INSURANCE COMPANY

CUSTOMER COPY

Insured: _____
Address: _____

Policy No.: _____
Expiration Date: _____

Premium is for the following site: _____ Site Name _____
Period of Coverage: _____ to _____

Premium due if complete application is received on or before (expiration date) \$ _____
Premium due if premium or any portion of application received after (expiration date) \$ _____

NOTE: If a complete application is not received by the expiration date, your policy will expire. Applications will not be processed without premium payment. A signed application must be received before we can renew your policy.

Final Policy Renewal Checklist

Have you completed the following?

- | | | |
|--|-------|------|
| 1) Updated or confirmed all information contained in this notice? | * Yes | * No |
| 2) Notified us of all changes and or modifications to your tank systems? | * Yes | * No |
| 3) Notified us of changes in site name, ownership, or additional insureds? | * Yes | * No |
| 4) Submitted all current leak detection and maintenance records? | * Yes | * No |
| 5) Signed, dated and enclosed the completed renewal application? | * Yes | * No |
| 6) Included a check for the premium amount with your policy number written on the check? | * Yes | * No |
| 6) Are you sending the information to new PMMIC address on the application? | * Yes | * No |