



Complete, print, and sign this application and mail to the address at the right.

For questions, contact the Fund at:
(717) 787-0763 (M-F 8:00am - 4:00pm ET)

Commonwealth of Pennsylvania
Insurance Department
Underground Storage Tank Indemnification Fund
901 North 7th Street
Harrisburg, PA 17102-1414

Owner/Operator (Company) Information

Facility (Tank Location) Information

Company Name

Facility Name

Contact Name

DEP Facility ID # (If Known)

DEP ID# (If Known)

Address

Address

City, State, Zip

City, State, Zip:

Phone Number

Contact Phone Number

Type of Facility
(Church, School, Fire Station, etc...)

Contact Email

Tax ID #

PLEASE ATTACH:

A COPY OF A TANK TIGHTNESS TEST - Done within the past 30 days
\$50 DEPOSIT FEE - which will be returned if coverage is rejected

IF ACCEPTED, coverage will be effective on the date the completed application is received by the Fund.

UNDERGROUND HEATING OIL STORAGE TANK INFORMATION

Tank	Size (Gallons)	Date Installed	Construction Material	Type of Product
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Tank	Size (Gallons)	Date Installed	Construction Material	Type of Product
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1. List date and results of all previous tank tightness tests on this heating oil tank.

2. Have you, during the past five years, had any reportable releases or spills of heating oil from this tank?

If yes, provide details, if no, so indicate.

3. Is there any history of leaks or releases from this tank at this facility not stated above?

If yes, provide details, if no, so indicate.

4. At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental cleanup or response, or release of pollutants into the environment from this tank?

If yes, provide details, if no, so indicate.

Completion of this form does not bind coverage. Applicant's acceptance by the Fund is required prior to binding coverage.

Signature _____ Date _____

FOR FUND USE ONLY

Accepted by Fund: _____ Signature: _____ Date _____

Owner/Operator # _____ Facility ID # _____
