



2894 – 106th Street, PO Box 7628
Urbandale, IA 50323
800-942-1000, 515-334-3001 (phone)
515-334-3013 (fax)

DOCUMENTATION OF OVERFILL PREVENTION IN UST SYSTEM

Named Insured: _____ Policy No: _____

Site Name: _____

Site Address: _____

City, State, Zip: _____

This document is to certify that the information below accurately describes the installation and operation of the overfill prevention in each of the underground storage tanks at this site and PMMIC is relying on this information in issuing the policy. Please complete all of the following information.

Tank #	Tank Size	Product Stored	Type of Overfill Prevention	Operational
			Ball Float - Shutoff Valve - Alarm	Yes - No
			Ball Float - Shutoff Valve - Alarm	Yes - No
			Ball Float - Shutoff Valve - Alarm	Yes - No
			Ball Float - Shutoff Valve - Alarm	Yes - No
			Ball Float - Shutoff Valve - Alarm	Yes - No

Please circle applicable type of overfill device for each tank listed above.

By providing this information to PMMIC, the policyholder understands and agrees to waive any coverage that otherwise may have been available under their policy with PMMIC due to a release of petroleum resulting from absent overfill prevention as described above.

Policyholder Representative and Title:

(Printed Name) Title _____

(Signature) Date _____