



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

PETROLEUM STORAGE TANK SYSTEM COMPATIBILITY ASSESSMENT

Please indicate the type of system: **UST** **AST**

| | |
|---------------------|-------------------------|
| Site Reg./Policy #: | Insured/Owner: |
| Facility/Site Name: | Insured/Owner Address: |
| Facility Address: | Insured/Owner City/Zip: |
| Facility City/Zip: | Phone #: |

Current product type stored: _____ Alternative fuel to be stored: _____

Percentage of ethanol or bio: _____

UST System Information

| | |
|-------------------------------|---------------------------------|
| Tank install date: | Piping install date: |
| Tank size in gallons: | Number of dispensers affected: |
| Tank manufacturer / material: | Piping manufacturer / material: |

- It is strongly recommended that owners perform a precision tank and line test prior to introducing an alternative fuel into a storage tank system.

Instructions

Indicate whether the following items are compatible with the product to be stored. Mark “Yes” if the component is compatible with the product stored. Mark “No” if the component is not compatible or is unknown. Mark “N/A” if the component does not exist in the fuel system.

| Component | Yes | No | Manufacturer – Model # - UL # |
|-------------------------------|--------------------------|--------------------------|-------------------------------|
| Tank(s) construction material | <input type="checkbox"/> | <input type="checkbox"/> | |
| Piping construction material | <input type="checkbox"/> | <input type="checkbox"/> | |
| Dispenser(s) and components | <input type="checkbox"/> | <input type="checkbox"/> | |

| Component | Yes | No | N/A | Manufacturer – Model # - UL # |
|---------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| Shear valve(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Flex connector(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Submersible pump(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Containment | Yes | No | NA | Comments |
|--|--------------------------|--------------------------|--------------------------|----------|
| Dispenser containment sump appears intact? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Piping containment sump appears intact? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Note: Containment is only considered adequate if it appears liquid-tight, meaning all entry boots, conduits, and walls are not damaged and are intact.

Compatibility Requirements

IMPORTANT: Tanks and piping must be confirmed compatible with the product stored. If the other listed components are not confirmed compatible, adequate secondary containment must be confirmed to obtain PMMIC coverage.

Licensed Installer Performing Assessment

"I have inspected the visible UST/AST system components and reviewed available installation records of the UST/AST site referenced and have found the information listed on the above assessment, regarding the identified equipment and components of this UST/AST site, to be true and accurate."

UST/AST System Certification

Does this UST/AST system(s) meet PMMIC's fuel compatibility requirements listed above?

[] Yes [] No

Licensed Contractor/Company Performing Work: _____
(Please Print)

Address: _____ Phone # _____

Licensed Installer: _____ License # _____
(Please Print)

Licensed Installer Signature: _____ Date: ____/____/____

Insured: _____
(Print Name)

Insured Signature: _____ Date: ____/____/____

Please return the completed form with the most recent passing tank and line tests to:

Mail: PO Box 7628, Urbandale, IA 50323

Fax: (515) 334-3013

[E-mail: pmmic-us-pollib-pst-underwriting@pmmic.com](mailto:pmmic-us-pollib-pst-underwriting@pmmic.com)