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**CERTIFICATION OF POSSIBLE OR UNKNOWN PETROLEUM CONTAMINATION  
AT INSURED FACILITY**

I, the undersigned (applicant) am applying for pollution liability coverage for a petroleum storage tank system located at the following facilities:

Facility #	Name	Address	City

See attached list of locations (if applicable).

I acknowledge, accept and agree to the following:

1. Petroleum contamination or a "release" may currently exist at these location(s).
2. I do not have knowledge of any contamination or a "release" at this location(s).
3. Proof that petroleum contamination or a "release" exists or does not exist on this site/site(s) can, be documented by submitting, with the application for coverage, the soil and groundwater tests described in PMMIC form "HOW TO ANALYZE YOUR SITE FOR PETROLEUM CONTAMINATION" available on the PMMIC website. This testing is readily available to me.
4. I have chosen **not** to conduct the soil and groundwater testing outlined above prior to applying for a PMMIC policy.
5. It will be my responsibility to prove that any contamination or "release" was discovered and/or commenced on or after the Retroactive Date of any policy issued by PMMIC and costs associated with this proof will not be covered by any policy issued by PMMIC.
6. It may be technically difficult and expensive to prove that contamination or a "release" did not exist prior to the Retroactive Date of any policy issued by PMMIC, if I do not obtain the tests referenced in paragraph 2 above, prior to the policy Retroactive Date.
7. I understand that I may incur expense and be unable to prove when contamination, or a "release," occurred because I am choosing not to obtain soil and groundwater tests at this time.
8. PMMIC will not pay for any "claim" for "bodily injury," "property damage" or "corrective action costs" associated with any contamination, or a "release," that was discovered and/or commenced prior to the Retroactive Date of a policy issued by PMMIC, for the location(s) indicated above, as referenced in any exclusions, definitions or conditions that may apply in the PMMIC Policy.

BY: \_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
COMPANY

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE