



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

INSURANCE CLAIM FORM

PLEASE COMPLETE THIS FORM, SIGN IT, AND HAVE IT NOTARIZED. ATTACH ALL NECESSARY DOCUMENTATION.
MAIL IT TO THE ABOVE ADDRESS.

Business and Tank Information

1. Policy Holder (as listed on policy) _____
2. Business Address _____
Site Address (if different from above) _____
Contact Name _____ Phone No. _____
3. Site Registration No. or Policy Number _____
4. At the time of the release, how many registered tanks were at this location? _____
Any non-registered tanks? _____
5. Who owns the tanks at this location? _____
6. Do you own or lease the land where tank is located? _____
7. If leased, name of property owner: _____
8. How long have you owned or operated this business? _____
9. When were the tanks and piping installed? _____
10. Who was the installation firm? _____
11. How long has a business with underground tanks been at this location? _____

Release Information

12. On what date did you first learn there was a release on your premises? _____
13. Please identify the source of the release: Tank Piping Overfill/Spill Unknown
14. How was the release discovered?

- | | |
|---|--|
| <input type="checkbox"/> Tank or Line Testing | <input type="checkbox"/> Petroleum Odors in Structures |
| <input type="checkbox"/> Surface Spill | <input type="checkbox"/> Excavation/Tank Closure |
| <input type="checkbox"/> Inventory Fluctuations | <input type="checkbox"/> Other (describe) |

Tank No. Included or Description of Tank in
Release. _____

15. Who discovered the release?

Does the release appear to have been caused gradually or was it a sudden release? _____

16. Did you report the problem to the state regulatory agency? YES ___ NO ___

Date ___ / ___ / ___

17. Have any requests been made to you by the state regulatory agency? If "yes," please describe.

18. Have any actions been taken to minimize the release? If so, please describe and attach documentation.

19. Are you aware of tanks or other sources in the area that could be contributing to the release?

20. If yes, provide the name of owner, location of tank, etc. _____

21. At the time of the release, describe any leak detection or monitoring equipment in use at the site.

22. An estimate of type and amount of product lost and how you arrived at amount (include inventory records, if necessary, if unknown state).

23. Are you aware of any third party claims made against you as a result of this release? YES ___ NO ___

If so, identify parties, nature of claim and date, time and method of notification of claim. _____

24. Has a suit been filed against you or any other parties? If "yes," please provide a copy. _____

YOUR POLICY REQUIRES THAT ALL COSTS AND EXPENSES ASSOCIATED WITH A RELEASE MUST HAVE PRIOR APPROVAL. PLEASE CALL 515/334-3001 TO SECURE APPROVAL.

**PLEASE NOTE: IN ORDER FOR US TO PAY YOUR CLAIM, WE NEED YOUR
FEDERAL TAX IDENTIFICATION NUMBER OR SOCIAL
SECURITY NUMBER: _____**

The above answers are true and correct to the best of my knowledge:

Date _____	X _____	Printed Name (policyholder or company representative)
	X _____	Title
_____ Notary Public	X _____	Signature

My commission expires the _____ day of _____, year _____.

Please mail completed forms with all attachments to:

**PETROLEUM MARKETERS MANAGEMENT INSURANCE COMPANY
2894 – 106th ST., PO BOX 7628
URBANDALE, IA 50323
PHONE: 515/334-3001**

A form not notarized will be returned.