

PETROLEUM MARKETERS MANAGEMENT INSURANCE COMPANY

APPLICATION FOR COVERAGE TO MEET FINANCIAL RESPONSIBILITY REQUIREMENTS

Insurance coverage issued by Petroleum Marketers Management Insurance Company is subject to completion of the required written application, verification that your location tests "release free" or is under remediation (at the direction of the state), verification of an appropriate leak detection system on tanks and lines and payment of the annual premiums. Tanks must meet Federal Technical Standards for upgrades or new tanks in order to be eligible to obtain the insurance coverage.

Please return this completed document to: **Petroleum Marketers Management Insurance Company**
2894 – 106th Street, PO Box 7628
Urbandale, IA 50323

If you have any questions in regards to this application, please contact us at: (515) 334-3001 (phone)
(515) 334-3013 (fax)
(800) 942-1000 (toll-free)

APPLICANT INFORMATION

Named Insured _____ Business Phone (_____) _____

Contact Name _____ Business Phone & Extension (_____) _____

Best Contact Information: Mobile (_____) _____ E-mail Address _____

Check all that apply: Land Owner _____ Tank Owner _____ Operator _____ Other (specify) _____

Mailing Address _____

Mailing City _____ State _____ Zip _____

Site Name _____

Site Address _____

Site City _____ State _____ Zip _____

Site County _____

Legal Entity of Site Owner: Sole Proprietor _____ Corporation _____ Partnership _____ Governmental _____

Social Security for Sole Proprietor or Federal Tax ID Number for all other legal entities _____

ADDITIONAL INSUREDS (provide documentation of insurable interest; i.e., lease papers, mortgage papers, etc.)

Name of Additional Insured _____

Land Owner _____ Tank Owner _____ Operator _____ Other (specify) _____

Mailing Address _____

Mailing City _____ State _____ Zip _____

SITE INFORMATION

1. Are you aware of contamination on this site? Yes _____ No _____
2. Are you presently involved in or are you planning to do a "clean up"? Yes _____ No _____
 - a. If "Yes", please describe the work planned or completed _____

GENERAL INFORMATION

1. How many active tanks do you have on site? _____
 - a. Are any ASTs on site? Yes _____ No _____
 - b. How many tanks are temporarily closed? _____
2. How many dispensers do you have on site? _____
3. Please circle the deductible for this facility you wish to purchase: \$10,000 \$25,000
4. Is the site located on state or federal land? Yes _____ No _____
 - a. Is the site located on tribal/reservation land? Yes _____ No _____
 - i. If "Yes", please explain _____

5. Do you have any plans to sell any PMMIC insured facilities during the policy period? Yes _____ No _____
6. Do you plan to remove, replace, repair, temporarily or permanently close any existing tank system(s) or install any other petroleum storage equipment at this site in the next 14 months? Yes _____ No _____
7. Do you store or dispense any product containing more than 10% ethanol or 20% biodiesel, or any other product considered a renewable or alternative fuel? Yes _____ No _____
 - a. If so, please indicate what percentage of product: Bio % _____ Ethanol % _____

| TANK INFORMATION | TANK 1 | TANK 2 | TANK 3 | TANK 4 | TANK 5 |
|---|--------|--------|--------|--------|--------|
| Date of Installation (month/year) | | | | | |
| Tank Capacity and Contents (e.g. 1,000UL) (see Product IDs below) | | | | | |
| <p>If the tank has compartments, fill in size and contents (see example above)</p> <p>ALTE = Ethanol above 10% ALTB = Biodiesel (specify) AV = Gas B = NL+ D = Diesel F = Fuel Oil G = Gasohol H = Heavy Oil HA = Hazardous Substance (specify) I = Other Oil J = Jet Fuel</p> <p>K = Kerosene L = Lube Oil M = Midgrade N = New Oil O = Other (specify) P = Premium UL R = Regular S = Super UL UL = Unleaded W = Waste Oil Z = Unknown</p> <p>Compartment #1 Compartment #2 Compartment #3 Compartment #4 Compartment #5 Compartment #6</p> | | | | | |
| What material is each tank made of? (Steel, fiberglass, Stip-3, Act100, etc.) | | | | | |
| Is the tank double-walled? (Yes or No) | | | | | |
| Is the tank lined? (Yes or No) If yes, provide a copy of the lining certificate. | | | | | |
| <p>Is the tank cathodically protected? (Yes or No)</p> <p>If yes, indicate when the cathodic protection was installed and provide a copy of the last cathodic protection test results.</p> | | | | | |

| PIPING INFORMATION | LINE 1 | LINE 2 | LINE 3 | LINE 4 | LINE 5 |
|--|--------|--------|--------|--------|--------|
| Is the product piping double-walled? (Yes or No) | | | | | |
| Is the piping cathodically protected? (Yes or No) If yes, indicate when the cathodic protection was installed and provide a copy of the last cathodic test. | | | | | |
| Has piping been replaced? (Yes or No) If yes, please indicate approximate protection test results. | | | | | |

| SPILL EQUIPMENT INFORMATION | TANK 1 | TANK 2 | TANK 3 | TANK 4 | TANK 5 |
|--|--------|--------|--------|--------|--------|
| Indicate in gallons, the size of spill bucket/basin? | | | | | |

| OVERFILL PREVENTION EQUIPMENT INFORMATION | TANK 1 | TANK 2 | TANK 3 | TANK 4 | TANK 5 |
|--|--------|--------|--------|--------|--------|
| What type of overfill prevention equipment is installed? (Auto, Alarm or Ball Float) | | | | | |

NOTE: You must enclose leak detection records with this application.

Refer to “Methods of Leak Detection” form located on PMMIC website under Iowa – “Applying for Coverage” for the records to enclose.

| TANK LEAK DETECTION INFORMATION | TANK 1 | TANK 2 | TANK 3 | TANK 4 | TANK 5 |
|---|--------|--------|--------|--------|--------|
| For each <u>tank</u> , please list your primary leak detection method | | | | | |

| LINE LEAK DETECTION INFORMATION | LINE 1 | LINE 2 | LINE 3 | LINE 4 | LINE 5 |
|---|--------|--------|--------|--------|--------|
| For each <u>line</u> , please list your primary leak detection method (ATG, Annual Line Test [LTT], Interstice Monitoring [IM]) | | | | | |
| Is the piping "pressurized" or "suction?" | | | | | |
| If pressurized, are the line leak detectors mechanical (M) or electronic (E)? | | | | | |

OWNERSHIP BACKGROUND INFORMATION

1. Do you own/operate other facilities not included in this application? Yes _____ No _____
 - a. If yes, please provide information.

2. Is any owner, operator, affiliate, or any of the facilities listed on this application subject to an enforcement action by any regulatory agency in the United States, for any violation of petroleum storage tank technical requirements or environmental regulations? Yes _____ No _____
 - a. If yes, provide a copy of the regulatory "notice of violation" letter.

I UNDERSTAND THAT THE FOREGOING INFORMATION IS PROVIDED AS AN INDUCEMENT TO MEET FINANCIAL RESPONSIBILITY REQUIREMENT AS DEFINED BY THE FEDERAL EPA. ANY FALSE OR MISLEADING INFORMATION CAN BE GROUNDS FOR CANCELLATION OF COVERAGE.

| | | |
|-----------------------|-------|------|
| APPLICANT'S SIGNATURE | TITLE | DATE |
|-----------------------|-------|------|

APPLICANT'S PRINTED NAME

PRODUCER INFORMATION

In Iowa: **R&A Risk Professionals**
 2894 – 106th Street, PO Box 7628
 Urbandale, IA 50323

Outside of Iowa:

Name _____ License # _____

Company _____

Mailing Address _____

Mailing City _____ State _____ Zip _____