

**OHIO PETROLEUM UNDERGROUND STORAGE TANK RELEASE COMPENSATION BOARD
APPLICATION FOR FINANCIAL ASSURANCE FUND ELIGIBILITY**

IMPORTANT: This Application must be filed with the Board within one year from the date the release was required to be reported to the Fire Marshal.

- 1) Owner's
Name _____
Address _____

Telephone # _____
- 2) Operator's
Name _____
Address _____

Telephone # _____
- 3) Release Site's
Bus. Name _____
Address _____

Telephone # _____
- 4) Person to contact for more information: Name/Co. Name _____
Address _____ Telephone # _____
- 5) Date the release which eligibility is applied for was: a) first suspected: _____
b) confirmed: _____
- 6) State Fire Marshal Release # _____ and date reported: _____
- 7) In the space provided below (and an additional sheet if necessary), briefly describe the incident(s) which led to the reporting of a suspected or confirmed release at this site. Provide copies of all available reports or other information describing the nature of the release and confirming the presence of petroleum contamination at this site.
- 8) Is the owner a stockholder or part owner in any other business or related to any other individual that owns or operates petroleum USTs? _____ Yes (attach explanation) _____ No
- 9) Is the owner's business or operation combined with, controlled by, directed by, guaranteed or reviewed by any entity or individual who owns or operates petroleum USTs? _____ Yes (attach explanation) _____ No

10) On the Tank Inventory Form below please list all known or discovered underground storage tanks and aboveground storage tanks located at the release site. If the exact date a tank was last used is unknown, please approximate by month and year.

TANK INVENTORY FORM

Tank #	Size (gallons)	Content	Year Installed	Has Tank Been Out of Use For Over One Year?	Date Tank Was Last Used to Dispense Fuel or Store Waste Oil	Is Tank Removed? If Yes - Date of Removal
1						
2						
3						
4						
5						
6						

If more than six tanks, please copy the inventory form and attach the copy to the application.

a. Please list the tank(s), by tank number above, that eligibility is being applied for in this application. Specify each Tank #: _____

b. When the release that eligibility is being applied for was first suspected or confirmed:

Were the USTs registered with the fire marshal? ____ Yes ____ No If Yes, attach a copy of the registration certificate. If No, the fire marshal must recommend to the Board that good cause existed for your failure to register.

Were the USTs in compliance with corrosion protection? ____ Yes ____ No; spill prevention? ____ Yes ____ No; overfill prevention? ____ Yes ____ No

Indicate the method of leak detection used:

Tank(s) _____ Piping _____
(During the review of this Application leak detection records for the period 12 months prior to the release discovery may be requested.)

Were the USTs temporarily closed in accordance with UST regulations? ____ Yes ____ No
 If Yes, attach a copy of the temporary closure permit issued by the fire marshal or a delegated authority.

c. Has a release other than the one applied for in this application ever occurred at this site?
 ____ Yes ____ No If Yes, list for all previous releases:

Tank #s: _____, Release Date: _____, SFMI#: _____
 Current Status of cleanup: _____ (Attach a separate sheet if necessary.)

d. Has Fund eligibility been granted for a previous release at this site? ____Yes____No If yes, please provide claim #(s)

e. Has the product being stored in any of the USTs listed above changed since July 1, 1989?
____ Yes ____ No Tank # (s) _____ If Yes, please provide a letter detailing those changes.

- 11) Are you subject to a third-party lawsuit or settlement agreement for another party's bodily injury or property damage as a result of this petroleum release? ____ Yes ____ No If Yes, has a third-party Eligibility Application been filed with the Board? ____ Yes ____ No
- 12) Do you have coverage, other than for your deductible, under any other forms of insurance against which you have made or could make claim for reimbursement of costs for corrective action or third-party damages for the release which is the subject of this application? ____ Yes ____ No
If Yes, please give the amount of the deductible _____ and the limit of this additional coverage _____. Attach a copy of the policy.
- 13) Do you believe or suspect that another party may have caused or contributed to the release of petroleum that is the subject of this application? ____Yes____No If yes, attach a statement that provides details.
- 14) Has any lawsuit been filed in which the owner and/or operator are attempting to recover the costs of performing corrective action or third-party damages associated with this claim? ____ Yes ____ No
If Yes, please state in which court. _____
- 15) Has or will the owner and/or operator collect money from any other source for the costs of performing corrective action or third-party damages associated with this claim? ____ Yes ____ No
If Yes, identify the source and terms of the agreement on an attached statement.

CERTIFICATION

I HEREBY CERTIFY THAT:

All the statements made within this Application for Financial Assurance Fund Eligibility are true and correct.

I understand that if I am determined to be eligible for reimbursement or payment from the Ohio Financial Assurance Fund, eligibility must be maintained according to the requirements of 3737-1-07(B) of the Ohio Administrative Code.

I acknowledge that determination of Financial Assurance Fund eligibility does not constitute an obligation of the Financial Assurance Fund for reimbursement. All claims are subject to verification and a determination of the reasonability of costs.

Owner/Operator Name (Print)

Signature of owner

Date

**Ohio Petroleum Underground Storage Tank Release Compensation Board
Application for Financial Assurance Fund Eligibility**

APPLICATION CHECKLIST

In order for the Board to process this Application it must be fully completed and signed. Failure to complete any questions or to provide the required documentation will result in delays in processing the Application. Please use the following checklist to indicate completion of the Application and the submission of the appropriate documentation.

- _____ All information requested concerning the owner, operator and release site has been completed.
- _____ A contact person has been identified.
- _____ The date the release was first suspected, confirmed, and reported to the fire marshal has been completed.
- _____ The Release # has been provided.
- _____ A description of the release has been provided.
- _____ A report (Closure, Site Assessment, Tier Evaluation, etc.) describing the incident is attached.
- _____ The Tank Inventory Form has been fully completed.
- _____ A copy of the fire marshal registration is attached; or,
- _____ The USTs were not registered, and a good cause letter has been requested from the fire marshal.
- _____ All information requested concerning compliance with UST regulations has been completed.
- _____ For any USTs temporarily closed, a copy of the temporary closure permit is attached.
- _____ Any previous releases at the site have been identified.
- _____ If applicable, all information concerning third-party damages is attached.
- _____ If applicable, all information concerning other sources for the costs of performing corrective action or third-party damages is attached.
- _____ The Certification has been signed.

This Application must be filed within one year from the date the release was required to be reported to the fire marshal or a delegated authority

This Application for Financial Assurance Fund Eligibility is designed to provide the Petroleum Underground Storage Tank Release Compensation Board information on which to establish your eligibility for reimbursement from the Financial Assurance Fund. Section 3737.92 of the Ohio Revised Code and section 3737-1-07 of the Ohio Administrative Code set forth the Fund's eligibility requirements. A copy of these requirements is included with this Application. You are encouraged to read them and contact the Board if you have any questions.

If you require any information to assist you in completing this Application, or if you have questions concerning eligibility requirements, please contact the Board at (800) 224-4659 (Ohio only) or (614) 752-8963.