

# Petroleum Underground Storage Tank Release Compensation Board

Phone: (614) 752-8963 • Toll Free Phone: (800) 224-4659 • Fax: (614) 752-8397 • Website: www.petroboard.org

## Application for Financial Assurance Fund Eligibility

**IMPORTANT:** To receive reimbursement from the Fund, this Application must be filed with the Board within **ONE YEAR** from the date of the release incident. A "release incident" is defined in O.A.C. 3737-1-03(A)(26) as a "release," "suspected release," or "confirmed release," whichever is first discovered.

### I. UST Owner Information

Contact Name \_\_\_\_\_  
Owner Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

Is the owner a stockholder or part owner in any other business or related to any individual that owns or operates USTs?  Yes (attach explanation)  No

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

### II. UST Operator Information

Contact Name \_\_\_\_\_  
Operator Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

### III. UST Facility Information

Facility Name \_\_\_\_\_  
Facility Address \_\_\_\_\_  
City, Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
BUSTR ID \_\_\_\_\_

### IV. Alternate Contact to Receive Board Correspondence

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_  
Relationship to Owner \_\_\_\_\_

## V. UST Release Information

BUSTR Release # \_\_\_\_\_

Date Release First Suspected \_\_\_\_\_

Date Release Confirmed \_\_\_\_\_

Date Reported to BUSTR \_\_\_\_\_

**IMPORTANT:** Please submit (in hard copy format) all available reports concerning the release incident such as the Closure Assessment report, Suspected Release Notification, Immediate Corrective Actions report, Tier 1 Notification or Tier 1 Evaluation Forms, Tier 1 Investigation Report, etc. Applications submitted without the necessary report(s) will be held in "Unreviewable" status until the required report(s) is received.

In the space below, briefly describe the incident(s) which led to the reporting of a suspected and/or confirmed release at the site. Please include the specific source and cause of the release, if known.

## VI. Tank Inventory Form

In this section, list all underground and aboveground storage tanks known to be located/previously located at the release site.

Tank #	Product <small>(specify gasoline grade)</small>	Capacity	Month/Year Installed	Month/Year Last Used or Currently in Use (CIU)	Month/Year Removed <i>(If Applicable)</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Has the product being stored in any of the above-listed tanks changed since their installation?  Yes  No

(If yes, please explain)

Please list the tank(s), by tank number above, for which eligibility is being sought: \_\_\_\_\_

Please identify, by tank number above, which tank(s) or its ancillary equipment was found to be the source of the petroleum release, if known: \_\_\_\_\_

## VII. Subrogation Information

If another party is believed to have caused or contributed to the release of petroleum that is the subject of this Application, this section must be completed:

### Contact Information for Party That Caused or Contributed to Release

Contact Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

Has Applicant received, or does Applicant expect to receive, compensation for any damages associated with this petroleum release from ANY source other than the Financial Assurance Fund, including lawsuits, third parties, insurance, judgments, etc.?  Yes  No If yes, attach explanation identifying the amount received or expected to be received, the source of the compensation, and how the compensation was allocated to the costs of the damages, if applicable. Include the court case name and number, if applicable.

## VIII. Insurance Policies Covering Release Site

List all insurance policies covering this site at the date of release. Include additional page(s), if necessary.

Carrier Name \_\_\_\_\_  
Policy # \_\_\_\_\_ (attach insurance policy)

Does the policy cover costs for corrective action, cleanup of petroleum contamination, and/or third-party property damages or bodily injury resulting from a petroleum release?  Yes  No

Effective Dates \_\_\_\_\_

Coverage Amount \_\_\_\_\_

Deductible Amount \_\_\_\_\_

Amounts Received to Date for this Release \_\_\_\_\_

Amounts Claimed and/or Expected to be Received in the Future for this Release \_\_\_\_\_

Carrier Name \_\_\_\_\_  
Policy # \_\_\_\_\_ (attach insurance policy)

Does the policy cover costs for corrective action, cleanup of petroleum contamination, and/or third-party property damages or bodily injury resulting from a petroleum release?  Yes  No

Effective Dates \_\_\_\_\_

Coverage Amount \_\_\_\_\_

Deductible Amount \_\_\_\_\_

Amounts Received to Date for this Release \_\_\_\_\_

Amounts Claimed and/or Expected to be Received in the Future for this Release \_\_\_\_\_

## IX. Third-Party Bodily Injury or Property Damage

Has an Application for Financial Assurance Fund Third-Party Claim Eligibility been submitted?  Yes  No

**REMINDER:** A third-party eligibility application must be filed with the Board within 30 days from the date an owner/operator receives any of the following:

- Service of a third-party complaint against an owner/operator
- Receipt of a third-party demand for settlement
- Notice of representation of a third party in a lawsuit against an owner/operator

To request a third-party eligibility application, please call the Board's office at 800-224-4659 or 614-752-8963.

## X. Important Notices

### Incomplete Applications and More Information Requests

If the Eligibility Application is incomplete or additional documentation is needed to determine eligibility, a written Request for More Information will be issued. The Applicant must submit the additional information within 60 days from the date of the request. If the requested information is not provided, a second request will be made. If no response to the second request is received, eligibility will be denied.

### Operational Compliance Verification

In order to determine eligibility, this office must verify compliance with the State Fire Marshal's rules regarding the operation and maintenance of the tank system. If operational compliance deficiencies were identified by a BUSTR inspector during the compliance inspection preceding or immediately following the release incident, a More Information Request letter may be issued requesting documentation to demonstrate the deficiencies were resolved. The requested information may include, but is not limited to:

- Monthly leak detection records
- Annual monitoring equipment calibration test records
- Annual pressure piping tightness and line leak detector test records
- Spill and overfill prevention equipment test records
- Containment sump tightness test records
- Corrosion protection equipment test records
- Any other records necessary to determine compliance with the State Fire Marshal's rules

If the UST was out of service for more than 90 days prior to the release incident, the out-of-service permit and Out-of-Service Field Inspection report may be requested.

### Claim Submittal When Eligibility is Pending

Regardless of whether a determination of eligibility has been issued, Claim Reimbursement Applications must be timely filed and requests for mandatory cost pre-approval must be submitted in accordance with the Board's rules to receive full reimbursement of eligible corrective action costs associated with a release.

## XI. Certification and Signature

**By submitting this Application, the Applicant affirms, certifies, and agrees as follows:**

1. I certify, under penalty of law, that, at the time of the release incident, I was the owner or operator of the underground storage tank system from which the release occurred and am the appropriate person to submit this Application for Financial Assurance Fund Eligibility. Further, all statements made within this Application are true and correct and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure qualified personnel properly gathered and evaluated the information submitted.
2. I am responsible for assuring compliance with all applicable state and federal regulations.
3. 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 section 3737-1-07(C) of the Ohio Administrative Code.
4. I acknowledge that a 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.
5. I agree to return the entire amount reimbursed from the Financial Assurance Fund or any other amount considered appropriate if any facts relevant to the determination of eligibility were misrepresented or omitted, either in writing or orally.
6. I shall not be entitled to obtain payment from any other source other than the Financial Assurance Fund for the same costs reimbursed from the Financial Assurance Fund. Any payment the Applicant receives or is entitled to receive, including insurance proceeds, is and shall be the property of the Financial Assurance Fund to the extent of reimbursement made to or on behalf of the Applicant from the Financial Assurance Fund. Upon receipt of any such payment from a source other than the Financial Assurance Fund, Applicant shall immediately report it and repay the reimbursed amount to the Financial Assurance Fund.
7. To the extent reimbursement is made from the Financial Assurance Fund, I hereby assign to the Petroleum UST Release Compensation Board any rights the Applicant may have which may allow the Applicant to seek and obtain recovery from any other entity for the costs reimbursed by the Financial Assurance Fund, including the right to recover from insurance companies.

\_\_\_\_\_  
Signature of UST Owner or Operator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name and Title of Applicant

**If you need assistance with completing the Application, please call the Board's office at 800-224-4659 or 614-752-8963.**

**Mail the completed Application and report(s) to:**

Petroleum UST Board  
PO Box 2280  
Westerville, OH 43086-2280

**Overnight Mailing Address**  
Petroleum UST Board  
4151 Executive Parkway, Suite 350  
Westerville, OH 43081

**NOTE:** Email copies will not be accepted.