

**Montana Petroleum Tank Release Compensation Board
 Owner/Operator's Report of Insurance or Other Third Party Liability
 Form 7**

This form must be completed and submitted before the Board will make its first reimbursement payment to you. If you require assistance, call 406-444-9710.

1. Contact Information:

Tank Owner	Tank Operator
<i>Name:</i>	<i>Name:</i>
<i>Contact Name:</i>	<i>Contact Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>City/State/Zip:</i>	<i>City/State Zip:</i>
<i>Phone Number:</i>	<i>Phone Number:</i>
<i>E-Mail Address:</i>	<i>E-Mail Address:</i>

Property Owner
<i>Name:</i>
<i>Address:</i>
<i>City, State, Zip:</i>
<i>Phone:</i>
<i>Email:</i>

2. Facility Information:

Facility Information
<i>Facility Name:</i>
<i>Facility Number:</i>
<i>Release Number:</i>
<i>City:</i>

2. Ownership History: To the extent you know, describe the ownership history (dates of ownership) of the eligible facility, starting with your ownership and extending back in time to the owner at the time the tank(s) from which the release occurred was first placed at the facility. If at any time the operator was different than the owner, for example someone who was leasing and running the facility, make an additional note of that. Attach additional sheets if necessary.

Dates of your ownership:

Name of Prior Owner	Dates of Ownership	Last Known Address, Phone or Location

3. Review of Your Insurance Information: Insurance policies, even those with coverage periods that have long since expired, may provide coverage for the corrective action costs associated with your facility’s release of petroleum. Attach copies of all available insurance policies which at one time or another provided coverage for the facility between the dates the tank(s) from which the release occurred was first placed at the facility and the date of discovery of the release.

Insurance coverage may be established even if an actual policy cannot be located. If copies of the insurance policies are not available, attach copies of documents in your possession that could help establish the fact insurance coverage existed for your facility between the dates described above, for example, insurance company letters, cancelled checks to insurance companies, claim forms, policy declaration sheets, etc.

Describe the records (type of documents, their origins, range of dates for which you have documents available, etc.) you reviewed to locate insurance policies or other insurance related documents: (Maximum 500 Characters)

4. Review of Your Insurance Agent's Information: What is the name, address and phone number of each insurance agent(s) or broker(s) from whom you purchased insurance for the facility? (Max 500 characters)

Describe the insurance records and documents your agent(s) retains on your behalf? (Max 500 characters)

Have you reviewed the insurance records and documents your agent retains on your behalf?

If no, why not?

Yes

No

5. Review of Insurance Information of Former Owners and/or Operators: List each of the prior owners or operators of the facility you have been able to contact. Indicate whether each had records that might contain information on insurance coverage, whether they permitted you to review those records and if so the results of that review (attach additional sheets if necessary). (Max 500 characters)

6. Identification of other Responsible Persons: Identify all persons or companies who you know are or suspect may be liable for the corrective action costs arising from the release at your facility and why you know or suspect them to be liable (attach additional sheets if necessary). (Max 500 characters)

7. Funds Received: Has any owner or operator received funds from any insurance company or other third party pertaining to the release and/or contamination at the facility? If so, how much, from whom and for what? Attach additional sheets if necessary. (Max 500 characters)

8. Certification: I, the owner or operator of the subject facility, certify the information contained within this form is true and correct. With my signature I subrogate and assign my rights to the Petroleum Release Compensation Board to seek reimbursement, compensation and/or contribution from any person or company who may, through contract, tort or otherwise, have liability to me for the eligible costs as defined in Montana Code Annotated §75-11-302, which I have incurred due to the release from the subject facility. This subrogation and assignment is limited to the eligible costs the Board has reimbursed to me or paid on my behalf.

Tank Owner or Operator Signature or its representative

Date

Tank Owner or Operator name and/or title if applicable (typed or printed)

State of _____

County of _____

Signed and Sworn before me on _____ by _____
Date Signee

(SEAL)

Notary Public

Printed or typed

Notary Public for the state of _____

Residing at _____

My Commission Expires _____

Submit completed form to:

**PETROLEUM TANK RELEASE COMPENSATION BOARD
PO BOX 200902
HELENA MT 59620-0902**