



**IDAHO PETROLEUM STORAGE TANK FUND**  
**1215 WEST STATE STREET**  
**P.O. BOX 83720**  
**BOISE, ID 83720-0044**  
**(208) 332-8100 or 1-877-997-7664**

**GENERAL INFORMATION (Items marked with \* are required)**

Insurance Applicant Name\* \_\_\_\_\_  
(THE NAME ENTERED WILL APPEAR AS THE NAMED INSURED ON THE INSURANCE POLICY)

Mailing Address\* \_\_\_\_\_

City \* \_\_\_\_\_ State \* \_\_\_\_\_ Zip \* \_\_\_\_\_

Phone\* (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email\* (general email preferred) \_\_\_\_\_

Tax Identification Number \* \_\_\_\_\_

Main Point of Contact \* \_\_\_\_\_

Title\* \_\_\_\_\_

Entity Type (Check most appropriate one.)\*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Corporation     | <input type="checkbox"/> Limited Liability Co. (LLC) | <input type="checkbox"/> School District          |
| <input type="checkbox"/> Partnership     | <input type="checkbox"/> State Dept/Agency           | <input type="checkbox"/> Irrigation District      |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> City or Municipality        | <input type="checkbox"/> Independent Tax District |
| <input type="checkbox"/> Joint Venture   | <input type="checkbox"/> County                      | <input type="checkbox"/> Non-Profit Organization  |

☐ Other \_\_\_\_\_

Tank Owner/Operator Category (Check all those that apply.)\*

- ☐ Owner/Operator of 1-100 Underground Tanks in Idaho  
☐ Owner/Operator of 101 or more Underground Tanks in Idaho  
☐ Owner/Operator of Above Ground Tanks  
☐ Non-marketer (self-consumption of 10,000 gallons per month or less)

**Site/Facility ID#:** \* \_\_\_\_\_ (Assigned by Idaho Department of Environmental Quality (IDEQ))

If no Site/Facility ID#, please provide date you applied for an ID#: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Land Owner Name:**\* \_\_\_\_\_

**Operator Name (If operator different from owner):** \_\_\_\_\_

**Trade Name / DBA**\* \_\_\_\_\_

**Site Location**

Street Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip \* \_\_\_\_\_

Phone\* (site) (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax (site) (\_\_\_\_)\_\_\_\_-\_\_\_\_

Are tanks located on Tribal Reservation/Trust Lands?\* (Y/N), please select one of the following options:

- ☐ Not tribe owned or-tribe operated
- ☐ Tribe owned and operated
- ☐ Operator tribe member

Petroleum stored is for\*

- ☐ resale
- ☐ self-consumptive use; average annual gallons consumed \* \_\_\_\_\_

Typical Types of Operations Conducted at This Site (Check all those that apply.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Agriculture                | <input type="checkbox"/> Garage/Shop/Maintenance   | <input type="checkbox"/> Road/Street/Highway/Bridge   |
| <input type="checkbox"/> Aviation                   | <input type="checkbox"/> Heating Plant/Facility    | <input type="checkbox"/> Truck Transport/Distribution |
| <input type="checkbox"/> Auto Dealer/Rental/Garage  | <input type="checkbox"/> Manufacturing/Production  | <input type="checkbox"/> Utility-Public/Private       |
| <input type="checkbox"/> Bus/Transportation         | <input type="checkbox"/> Park/Recreation           | <input type="checkbox"/> Waste Treatment/Landfill     |
| <input type="checkbox"/> Contractor/Construction    | <input type="checkbox"/> Petroleum Distribution    |   |
| <input type="checkbox"/> Emergency Power Generation | <input type="checkbox"/> Retail Petroleum Facility |   |

Please provide further details about the use of the fuel tanks at the site

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For help filling out this application, please contact your PSTF field representative.

Attach any site drawings available in pdf format. Useful drawings include scaled construction drawings or surveys such as Civil Site Plans, Landscape Drawings, Utility Plans, Topographic Surveys, Plat Maps, and Fuel System Plans. Identify current uses on adjacent properties.

Attach any available environmental studies performed on the site, including Phase I or Phase II Environmental Site Assessments.

### **Tank Types on Site**

Note: An AST is an UST if the volume of stored petroleum is 10% or more underground, including both tank and pipe contents. .

- ☐ Aboveground Storage Tanks (AST)
- ☐ Regulated Underground Storage Tanks (UST)

### **Application for Insurance for the Following Tank Types (Mark tank type)**

- ☐ Applying for Insurance on ASTs (Complete Schedule A)
- ☐ Applying for Insurance on USTs (Complete Schedule U)

### **If applying for an AST tank, please complete the following questions pertaining to your Spill Prevention, Control and Countermeasure (SPCC) plan:**

- SPCC plan is in place for this site? ☐ YES ☐ NO
- Site is exempt from SPCC requirements? ☐ YES ☐ NO
- SPCC inspections or maintenance procedures are performed as required? ☐ YES ☐ NO
- Date of Most Recent SPCC Plan \_\_\_\_/\_\_\_\_/\_\_\_\_

**IMPORTANT: READ THIS SECTION CAREFULLY BEFORE SIGNING**

I certify under penalty of law that I have examined the information submitted in this application and all attached documents and that I believe the information to be true, accurate, and complete. I understand that submitting this application and any accompanying or supplemental materials does not bind me to accept an offer of insurance from the Idaho Petroleum Storage Tank Fund (PSTF) and does not bind PSTF to offer a contract of insurance. I understand that if I am accepted and approved for insurance by PSTF, this application, any attached documents and any supplemental application forms and reports will be incorporated by reference into the contract of insurance issued by PSTF.

I authorize PSTF or its representatives to enter onto the sites described in this application for the purpose of conducting any investigations or tests (including drilling for purposes of soil, soil vapor, or groundwater sampling) that PSTF deems necessary to evaluate this application. I understand that denying PSTF personnel or PSTF representatives reasonable access to the sites described in this application for investigative or testing purposes may result in the denial of this application for insurance.

I authorize PSTF to obtain loss information from any of my previous or present insurers.

**NOTICE OF APPLICANTS: Any person who makes a false statement or representation of a material fact, knowing it to be false, or who knowingly fails to disclose a material fact in any application, examination, or statement required under the Idaho Petroleum Clean Water Trust Fund Act is subject to a fine of up to \$1,000 and imprisonment for up to one year. Idaho Code, Section 41-4941.**

\_\_\_\_\_  
Signature of Owner or Operator or Authorized Legal Representative

\_\_\_\_\_  
Date

**SCHEDULE A: ABOVEGROUND PETROLEUM STORAGE TANK SYSTEM APPLICATION (AST)**

Enter an "X" in each tank column which best describes your tank system. Some responses require a specific answer, a date or a yes/no response. If there are more than 6 storage tanks at this site location, make additional copies.

AST Designated Tank Number	No. <u>    </u>	No. <u>    </u>	No. <u>    </u>	No. <u>    </u>	No. <u>    </u>	No. <u>    </u>
<b>1. Tank Capacity and Configuration</b>						
Install Date	<u>  </u> / <u>  </u> / <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u>
Orientation: Horizontal (H) or Vertical (V)						
Tank Capacity (in gallons)						
Temporarily Out of Service (List date taken out of service)	<u>  </u> / <u>  </u> / <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u>
<b>2. Tank Eligibility</b>						
Tank system complies with federal, state, and local petroleum storage tank rules and regulations, including fire code.						
<b>3. Tank Material</b>						
Bare Steel						
Bare Steel w/Interior Lining						
Convault Type Tank						
Double Walled Bare Steel						
Epoxy Coated Steel						
Unknown						
If tanks are manifolded together, identify manifolded tanks by number (example: 1 & 2; 4 & 6).						
<b>4. Substance Currently Stored</b>						
Aviation Fuel						
Diesel <sup>1</sup>						
Gasoline <sup>2</sup>						
Heating Oil						
Hydraulic Oil						
Jet Fuel						
Kerosene						
Motor Oil						
None						
Used Oil						
Waste Oil						
Other - identify product type and provide details at end of Schedule A						
<sup>1</sup> If greater than 20% Biodiesel, identify as "Other"						
<sup>2</sup> If greater than 10% Ethanol, identify as "Other"						
<b>5. Secondary Tank Containment (Multiple answers possible per tank system.)</b>						
Not Applicable – Convault Tank						
Tank Release Contained in Dike						
Tank Releases Contained in Remote Impoundment						
Containment area will hold 110% of petroleum released from largest tank for 72 hrs.						
Containment Floor Concrete						
Containment Floor Native Earth						
Containment Floor Non-Permeable Synthetic Barrier						
Containment Walls Concrete						
Containment Walls Native Earth						
Containment Walls Synthetic Barrier						
Containment free of flammable and combustible material, other chemicals, etc.						
Other - explain at end of Schedule A						

AST Designated Tank Number	No. ____	No. ____	No. ____	No. ____	No. ____	No. ____
<b>6. Spill/Leak Prevention</b>						
Shear Valve at Dispenser						
Tank Equipped with Fire Valve						
Tank Equipped with Manual Shut Off Valve						
Tank Equipped with One Way Check Valve on Fill pipe						
Tank Equipped with Solenoid/Anti-gravity Valve						
Tank is visually inspected regularly.						
Other - explain at end of Schedule A						
<b>7. Release Detection - Tank</b>						
Automatic Tank Gauging (ATG)						
Interstitial Double Wall						
Monthly Inventory Control <del>Only</del>						
Statistical Inventory Reconciliation						
Tank resting on engineered surface to allow visual inspection of release from tank bottom.						
Other - explain at end of Schedule A						
<b>8. Pipe Information</b>						
Product Line is Gravity Fed						
Product Line is Pressurized by Turbine						
Product line is Suction System						
<b>Pipe Material – Aboveground Pipe</b> (Multiple answers possible per tank system.)						
a. Bare Steel						
b. Bare Steel Double Walled						
c. Bare Steel Cathodic Protected						
d. Bare Steel Secondary Containment						
e. Copper						
f. Single Wall – Fiberglass/Poly						
g. Fiberglass/Poly in Secondary Containment						
h. Double Walled Fiberglass/Poly						
i. Galvanized Steel Double Walled						
j. Galvanized Steel Cathodic Protected						
k. Galvanized Steel						
l. Other - explain at end of Schedule A						
<b>Pipe Material – Underground Pipe</b>						
Do you have underground petroleum piping	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Record the estimated distance in feet the line is underground						
List the alpha letter (from above Pipe Material list) that describes the underground pipe						
<b>9. Release Detection – Line, Piping</b>						
Interstitial monitoring – secondary containment						
Line tightness test - yearly						
Manual line leak detector (LLD) installed on pressurized underground-pipes.						
None Used						
Statistical Inventory Control						
Visual Inspection of Aboveground Lines						
Other - explain at end of Schedule A						
Date of most recent LLD function test. Attach copy of report.	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__

[illegible]