



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

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 U: UNDERGROUND PETROLEUM STORAGE TANK SYSTEM APPLICATION (UST)

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 4 storage tanks at this site location, make additional copies.

UST Designated Tank Number	No. ____	No. ____	No. ____	No. ____
1. Tank Status				
Currently in Service				
Temporarily out of service - indicate date taken out of service. (month/year)	__/__/__	__/__/__	__/__/__	__/__/__
Permanently out of service – closed in place. Indicate date permanently closed. (month/year) (Please only answer questions 2, 3, 4, & 5. On question 4 indicate previously stored substance.)	__/__/__	__/__/__	__/__/__	__/__/__
Site assessment completed when tank removed/closed. (Please provide copy of tank remover's report, lab tests, and any correspondence with IDEQ)				
2. Tank Eligibility				
Install Date	__/__/__	__/__/__	__/__/__	__/__/__
Date of most recent tank tightness test. Attach copy of test results.	__/__/__	__/__/__	__/__/__	__/__/__
Tank system complies with federal, state and local petroleum storage tank regulations. (Including leak detection and record keeping requirements for USTs.				
3. Tank Capacity and Configuration				
Tank Capacity (gallons)				
Compartmentalized Tank				
Liquid Tight Spill Bucket Installed				
Indicate type of spill bucket installed (SW = single walled, DW = double walled, S = steel, O = other				
Date of most recent spill bucket test. Attach copy of test results.	__/__/__	__/__/__	__/__/__	__/__/__
Tank Turbine is in Liquid Tight Sump				
Date of most recent turbine sump test. Attach copy of test results.	__/__/__	__/__/__	__/__/__	__/__/__
Liquid Tight Sump Installed Beneath Dispenser				
Date of most recent dispenser containment test. Attach copy of test results.	__/__/__	__/__/__	__/__/__	__/__/__
If tanks are manifolded together, identify manifolded tanks by number (example: 1 & 2; 4 & 6)				
Are there any additional tanks located on the property that are currently TOU (temporarily out of use) or excluded from this application – explain at end of Schedule U.				
4. Substance Currently Stored				
Aviation Fuel				
Diesel ¹				
Gasoline ²				
Heating Oil				
Hydraulic Oil				
Jet Fuel				
Kerosene				
Motor Oil				
Used Oil				
Waste Oil				
None (Tank is Out of Use)				
Other - identify product type and provide details at end of Schedule A				
¹ If greater than 20% Biodiesel, identify as "Other"				
² If greater than 10% Ethanol, identify as "Other"				

UST Designated Tank Number	No. ____	No. ____	No. ____	No. ____
5. Tank Material				
Bare Steel				
Bare Steel w/Cathodic Protection (CP)				
Bare Steel w/CP and Interior Lining				
Date of most recent tank CP test. Attach copy of test results.	__/__/__	__/__/__	__/__/__	__/__/__
Bare Steel w/Interior Lining				
Bare Steel w/Secondary Basin Containment				
Composite Steel w/Fiberglass				
Epoxy Coated Steel				
Epoxy Coated Steel w/Secondary Containment				
Fiberglass – Single Walled				
Fiberglass - Double Walled				
Coated Steel/Cathodic Protection (STiP3)				
Coated Double Wall Steel w/Cathodic Protection (STiP4)				
Other - explain at end of Schedule U				
6. Release Detection - Tank				
Automatic Tank Gauging (ATG)				
Date of most recent ATG & sensor test. Attach copy of test results.	__/__/__	__/__/__	__/__/__	__/__/__
Interstitial Monitoring (Double walled tank)				
Manual Tank Gauging Only				
Manual Tank Gauging and Annual Tank Tightness Test				
Monthly Inventory Control and Annual Tank Tightness Test				
Monthly Inventory Control Only				
Statistical Inventory Reconciliation				
Other – explain at end of Schedule U				
7. Overfill System and Warning Method				
Automatic Tank Gauge – Audible Alarm & Flashing Light				
Ball Float Valve in Vent Line – Flow Restriction				
Drop Tube – Shuts Off				
Date of most recent overfill system test. Attach copy of test results.	__/__/__	__/__/__	__/__/__	__/__/__
8. Pipe Material (Multiple answers possible per tank system.)				
Bare Steel (Aboveground)				
Bare Steel w/Double Wall				
Bare Steel w/Cathodic Protection				
Date of most recent pipe CP test. Attach copy of test results.	__/__/__	__/__/__	__/__/__	__/__/__
Bare Steel w/Secondary Barrier				
Copper				
Fiberglass – Single Walled				
Fiberglass – Double Walled				
Flexible Double Wall				
Flexible Single Wall				
Galvanized Steel				
Galvanized Steel w/ CP				
Date of most recent pipe CP test. Attach copy of test results.	__/__/__	__/__/__	__/__/__	__/__/__
Galvanized w/Double Wall				

UST Designated Tank Number	No. ____	No. ____	No. ____	No. ____
Other – explain at end of Schedule U				
9. Pipe – Suction System				
Check valve at dispenser and piping is sloped so contents will drain back to tank if suction released.				
Foot Valve at Tank				
Other – explain at end of Schedule U				
Date of most recent line tightness test. Attach copy of test results. (Suction system w/ underground lines w/foot valve at tank.)	__/__/__	__/__/__	__/__/__	__/__/__
10. Pipe - Pressure System - Line Leak Detection System -Two Methods Required for Pressurized Lines				
Date of most recent line tightness test. Attach copy of test results.	__/__/__	__/__/__	__/__/__	__/__/__
1st Method – Hourly/Catastrophic Leak Detection				
Electronic Line Leak Detector (ELLD) w/Flow Restriction or Shut-off				
Manual Line Leak Detector (MLLD) w/Flow Restriction or Shut-off				
Date of Most Recent ELLD/MLLD Test. Attach copy test results.	__/__/__	__/__/__	__/__/__	__/__/__
Visual Inspection				
Other Method Approved by Regulatory Agency – explain at end of Schedule U				
2nd Method - Monthly Leak Detection (Mark primary method used.)				
ATG - Automatically Conducts Full System Test (Test both tanks and pipes)				
Interstitial Monitoring – Monitoring within Double Walled Pipe				
Line Tightness Testing - Yearly				
Liquid Sump Sensor within the Dispenser Sump				
Liquid Sump Sensor in Turbine Sump				
Monthly Visual - Pipe in Accessible Containment (Concrete Trench)				
Other Method Approved by Regulatory Agency – explain at end of Schedule U				
11. Pipe - Additional Information				
Petroleum pipe is installed within a secondary service conduit.				
Stainless steel flex connector(s) is installed on line.				
Stainless steel flex connector is protected from corrosion.				

Schedule U Explanation (Indicate question number referring to. Attach additional sheets if necessary.):

Lined area for Schedule U Explanation. A large diagonal "DRAFT" watermark is present across the center of the page.