

Underground Storage Tanks Financial Assistance Program

RECOVERABLE COST AFFIDAVIT

On this affidavit you must identify compensation for costs related to your project that you have received or expect to receive from any source, including but not limited to insurance claims, legal judgments, and contributions from other potentially responsible parties.

This form identifies other parties with potential involvement in cleanup of this site.

I, _____, hereby certify under penalty of perjury that the following information is true and correct to the best of my knowledge with regard to the underground storage tank spill at facility no. _____, facility name _____.

THIRD PARTIES:

There has been a settlement with a third party (ies) with regard to the spill at this facility. The third party(ies) involved is(are) listed as follows and information attached provides details.

There has been no third party settlement.

Name	Address	Telephone No.	Fax No.	Representative Name
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Name	Address	Telephone No.	Fax No.	Representative Name
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INSURANCE:

A. Is there, or has there been, an insurance policy that might cover gasoline/fuel pollution at this site? No Yes
If yes, provide the company name, address, policy number, claim representative, telephone number, and fax number for each policy:

Date of Coverage	Company Name	Address
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Representative Name	Telephone No.	Fax No.	Policy No.
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Date of Coverage	Company Name	Address
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Representative Name	Telephone No.	Fax No.	Policy No.
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B. Have you filed, or do you intend to file, a claim with the insurance carrier? No Yes
Explain each response with copies of any correspondence with insurance company.

LITIGATION:

A. Have you sought or are you considering seeking compensation from any other party potentially responsible for the unauthorized release? No Yes

If yes, identify party(ies) below, with names, addresses, telephone numbers and representatives, if any:

B. Has legal action commenced? No Yes

If yes, provide case number(s) and district in which the action is filed. Provide copy of the complaint and amendments.

Please summarize current status:

C. Provide your legal representative's name, address, telephone and facsimile number.

OTHER SOURCES OF FUNDS:

A. Have you, or anyone acting on your behalf or that of your business received or expect to receive funds (including but not limited to insurance payments, legal judgments, contributions, or credits from other potentially responsible parties or any other source, regardless of how the funds were characterized) related to or paid in consideration for the release or cleanup that is the subject of your claim?

No Yes If yes, attach copies of all such documents.

List each source of compensation and the amount. Please include funds related to the contamination, but not directly for cleanup of contamination.

DATE	SOURCE	IN PAYMENT OF	AMOUNT
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B. Do you have to repay any part of the funds you received? No Yes

Explain: _____

AGREEMENTS AND DECLARATIONS:

PLEASE READ CAREFULLY BEFORE SIGNING:

"I (we) authorize the Underground Storage Tanks Financial Assistance Program (Program) to contact the parties identified on this form and to obtain from those parties any information necessary to determine my (our) eligibility for reimbursement from the Program and the amount that may be reimbursed.

"I (we) agree to notify the Program promptly if I (we) receive payments related to or made in consideration for the unauthorized release or cleanup that is the subject of my (our) claim. I (we) further agree to remit to the Program any amount paid by the Program that in the Program's determination constitutes double payment.

"I (we) declare under penalty of perjury that all facts and statements set forth herein are true and correct to the best of my (our) knowledge and belief. I (we) understand that failure to fully and accurately disclose information or to provide supporting documentation will constitute grounds for rejecting my (our) claim and recovering prior amounts paid by the Program and barring me (us) from further participation in the Underground Storage Tanks Financial Assistance Program."

EXECUTED AT: _____

ON THIS _____ DAY OF _____ 19_____

Applicant Signature

Printed Name

State of _____

_____ Judicial District (or County of _____)

The foregoing instrument was acknowledged before me this _____ (date) by

_____ (Grantee).

Notary Public in and for _____

My commission expires: _____