



UNDERGROUND STORAGE TANK FINANCIAL RESPONSIBILITY FORM

CERTIFICATION OF FINANCIAL RESPONSIBILITY

Source: §280.111(b) (11) (i) as adopted by A.A.C. R18-12-301(C)

Note: *This form must be submitted in addition to financial responsibility documentation on an annual basis.*

_____ hereby certifies compliance with the requirements of Subpart H of 40 CFR Part
(Individual or company) or (owner or operator)
280. The financial assurance mechanism(s) used to demonstrate financial responsibility (FR) under Subpart H of 40 CFR Part 280 is (are) as follows:

Type of Mechanism (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Financial Test of Self-Insurance | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Local Government Bond Rating Test |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Trust Fund | <input type="checkbox"/> Local Government Financial Test |
| <input type="checkbox"/> Insurance or Risk Retention Group | <input type="checkbox"/> Standby Trust | <input type="checkbox"/> Local Government Guarantee |
| <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Local Government Fund |

Name of Insurer/Company providing FR: _____

Mechanism Number (Insurance Policy No.): _____

Amount of Coverage: Per occurrence: \$ _____ Annual aggregate: \$ _____

Effective Period of Coverage: From _____ To _____

Included Coverage (check all that apply)

- | | |
|---|--|
| Covers: <input type="checkbox"/> "Taking corrective action" | Caused by: <input type="checkbox"/> "Sudden accidental" releases |
| <input type="checkbox"/> "Compensating third-parties for bodily injury and property damage" | <input type="checkbox"/> "Non-sudden accidental" releases |
| | <input type="checkbox"/> "Accidental" releases |

[Signature of Witness or Notary]

[Name of Witness or Notary]

[Date]

[Signature of owner or operator]

[Name of owner or operator]

[Title]

[Date]

[Telephone and Email of owner or operator]

Please submit this form and supporting documents by email or mail. Email is preferred.
If the documents are emailed, hard copies do not need to be mailed.
AZ Dept. of Environmental Quality, ATTN: Jordan Smith | 1110 W. Washington St. | Phoenix, AZ 85007
Email: ustfr@azdeg.gov | Telephone: (602) 771-0354 | (800) 234-5677, ext. 771-0354

Please Review your policy to make sure the following is included:

* Please note that ACORDs, Declarations and Binders do not meet the requirements for demonstrating financial responsibility compliance.

- Certification of Financial Responsibility (AZ updated Form)
- Schedule of Covered Storage Tanks with applicable retroactive dates
 - per ARS 49-1006.01.C must be on or before one of the following:
 - o The date of the most recent baseline assessment conducted pursuant to section 49-1052 or comparable site characterization as determined by the department.
 - o The date of the underground storage tank system installation.
 - o The earliest retroactive coverage date of the previous insurance policy or alternative financial responsibility mechanism.
- Endorsement or Certificate of Insurance with required language in accordance to 40 CFR 280.97(b) (1) or 40 CFR 280.97(b) (2)
- Insured name on policy matches to owner/operator name of the tanks