

# INSURANCE COMPANY

Insurance Co.  
321 Environmental Avenue  
Phoenix, AZ 85003

XXX-XXX-XXX Phone

## INSURANCE CLAIM FORM

PLEASE COMPLETE THIS FORM, SIGN IT, AND HAVE IT NOTARIZED. ATTACH ALL NECESSARY DOCUMENTATION, MAIL IT TO THE ABOVE ADDRESS.

### Business and Tank Information

1. Policy Holder Gas Station Company LLC
2. Business Address 555 Gas Lane Phoenix, AZ 85000  
Site Address (if different from above) Street Address, Phoenix AZ 8500  
Contact Name John Q Public Phone No. XXX-XXX-XXX
3. Site Registration No. or Policy Number 0-00XXXX
4. At the time of the release, how many registered tanks were at this location? 5
5. Any non-registered tanks? No
6. Who owns the tanks at this location? GAS Station Company LLC
7. Do you own or lease the land where tank is located? Own
8. If leased, name of property owner: N/A
9. How long have you owned or operated this business? 2020
9. When were the tanks and piping installed? 1975
10. Who was the installation firm? Consulting Firm

### Release Information

12. On what date did you first learn there was a release on your premises? 7/18/2022
13. Please identify the source of the release: Tank  Piping  Overfill/Spill  Unknown
14. How was the release discovered?  

<input type="checkbox"/> Tank or Line Testing	<input type="checkbox"/> Petroleum Odors in Structures
<input type="checkbox"/> Surface Spill	<input checked="" type="checkbox"/> Excavation/Tank Closure
<input type="checkbox"/> Inventory Fluctuations	<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Tank No. Included or Description of Tank in Release.	

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Who discovered the release?

**Consulting FIRM, LLC**

Does the release appear to have been caused gradually or was it a sudden release? **Gradually**

16. Did you report the problem to the state regulatory agency?

YES  NO

Date 07 /19 /2022

17. Have any requests been made to you by the state regulatory agency? If "yes," please describe.

**Yes. The ADEQ requests corrective action in response to the release.**

18. Have any actions been taken to minimize the release? If so, please describe and attach documentation.

**Yes. Impacted surficial soils were over excavated at locations that exceeded the ADEQ rSRLs and RCLs. Soil samples were collected during over excavation. A copy of the UST Permanent Closure Assessment Report and laboratory report are attached.**

19. Are you aware of tanks or other sources in the area that could be contributing to the release?

**No.**

20. If yes, provide the name of owner, location of tank, etc.

21. At the time of the release, describe any leak detection or monitoring equipment in use at the site.

**Please see attached.**

22. An estimate of type and amount of product lost and how you arrived at amount (include inventory records, if necessary, if unknown state).

**Unknown**

23. Are you aware of any third party claims made against you as a result of this release? YES  NO

If so, identify parties, nature of claim and date, time and method of notification of claim.

24. Has a suit been filed against you or any other parties? If "yes," please provide a copy. No

**YOUR POLICY REQUIRES THAT ALL COSTS AND EXPENSES ASSOCIATED WITH A RELEASE MUST HAVE PRIOR APPROVAL. PLEASE CALL 515/334-3001 TO SECURE APPROVAL.**

**PLEASE NOTE: IN ORDER FOR US TO PAY YOUR CLAIM, WE NEED YOUR FEDERAL TAX IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER:**

The above answers are true and correct to the best of my knowledge:

Date 9/13/2022

\_\_\_\_\_

Printed Name (policyholder

or company representative)

Title

Signature

My commission expires the 18 day of March, year 2026

Please mail completed forms with all attachments to:

A form not notarized will be returned.