

# Private Insurance Coverage Questionnaire

This form must be completed in full by all owners or operators, or their authorized representatives, that have a claim for payment from the State of Illinois Underground Storage Tank Fund for the labor, materials, overhead, and profit costs related to the investigation and/or remediation of a Leaking UST site.

1. Site Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name of insurance company providing coverage for this Leaking UST site:  
\_\_\_\_\_

3. Amount of coverage provided: \$ \_\_\_\_\_

4. Have you or your firm filed a claim against your insurance company for this Leaking UST site?  
Yes  No

a. If yes, how much is the claim? \$ \_\_\_\_\_

b. If no, explain why. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you or your firm received payment for a claim against your insurance company for this Leaking UST site?  
Yes  No

a. If yes, how much and when? \$ \_\_\_\_\_  
Date: \_\_\_\_\_

b. If no, explain why. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are you going to file a claim against your insurance policy?  
Yes  No

a. If yes, how much and when? \$ \_\_\_\_\_  
Date: \_\_\_\_\_

b. If no, explain why. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This Illinois EPA is authorized to request this information under the Environmental Protection Act, 415 ILCS 5/1 et seq. (formerly Ill. Rev. Stat. Ch 111-1/2, 1001 et seq.). Disclosure of this information is required. Failure to properly complete this form in its entirety may result in the delay or denial of any payment requested hereunder. This form has been approved by the Forms Management Center.

# Private Insurance Affidavit

I, \_\_\_\_\_, a duly authorized representative of \_\_\_\_\_,  
(owner/operator or firm's name)

hereby certify that \_\_\_\_\_ (does, does not) \_\_\_\_\_ have private  
(owner/operator or firm's name) (choose one)

insurance coverage for all or part of the costs related to claim for payment of \_\_\_\_\_  
(owner or firm's name)

investigation or remediation costs for work performed at \_\_\_\_\_ located at  
(site name)

\_\_\_\_\_  
(address)

I, \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_,  
(name) (title) (owner/operator or firm's name)

certify that, as of this date, the above information is accurate and complete. Furthermore, I also agree to reimburse the Illinois EPA for any overpayment made by my private insurance company in excess of the deductible amount for each site.

Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public) Seal:

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