

**UNDERGROUND STORAGE TANK PROGRAM**  
**Private Insurance Coverage**  
**Questionnaire and Affidavit**

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

1. Name and address of the LUST site:  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Name of insurance company providing coverage for this LUST site:  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Amount of coverage provided: \$ \_\_\_\_\_
  
4. Have you or your firm filed a claim against your insurance company for this LUST site? Yes      No  
a. If yes, how much is the claim for? \$ \_\_\_\_\_  
b. If no, explain why.  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Have you or your firm received payment for a claim against your insurance company for this LUST 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.  
\_\_\_\_\_  
\_\_\_\_\_

IL 532 1817  
LPC 324

The Agency is authorized to require this information under 415 ILCS 5/1. Disclosure of this information is required. Failure to do so may result in the delay or denial of any budget or payment requested hereunder. This form has been approved by the Forms Management Center.