



Certification of Financial Responsibility

Division of Petroleum and Chemical Safety
1035 Stevenson Drive
Springfield, Illinois 62703-4259
(217) 785-1020 or (217) 785-5878

Facility #: _____

Date: _____

(1) OWNER OF TANKS :

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone #: _____ Fax #: _____

(2) FACILITY - name and address where tanks are located:

Name: _____

Street Address: _____

City: _____ County: _____

Contact Name: _____

Phone #: _____ Fax #: _____

The Office of the Illinois State Fire Marshal, Division of Petroleum and Chemical Safety is requesting information regarding financial assurance that is being maintained by owners or operators for underground storage tanks they currently own. **Section 176.210 of the Office of the State Fire Marshal rules and regulations states that each owner or operator shall maintain financial responsibility in the sum of \$20,000, regardless of the number of USTs or facilities owned or operated. This \$20,000 shall be comprised as follows:**

a) \$10,000 for corrective action; and

b) \$10,000 for third-party liability for bodily injury or property damage (for definitions of "bodily injury" or "property damage" see 415 ILCS 5/57.2).

Please indicate below the type of financial assurance that you as the owner/operator are maintaining for the underground storage tanks at the above-referenced facility. **(If you own other facilities, please attach a list of them along with their facility ID number, address and city).**

A. Commercial or private insurance, including risk retention groups
Issuing Institution: _____ Policy Number: _____
Phone Number: _____ Policy Effective Date: _____
Policy Expiration Date: _____

B. Certificate of Deposit **C.** Designated Savings Account **D.** Guarantee **E.** Letter of Credit **F.** Surety Bond

Complete for items B, C, D, E or F:

Issuing Institution: _____ Phone Number: _____

G. Self-Insurance, owner must demonstrate tangible net worth of at least \$200,000 (see attached for additional requirements)
Fiscal Year End Date: _____

Please sign, date and return this completed form to our Springfield office. Illinois Administrative Code 176.220(d) requires owners or operators provide this information annually to the Office of the State Fire Marshal. If you have any questions regarding this matter, please contact our office at (217)785-1020.

Print Name of Owner/Operator

(Signature of Owner/Operator)