Colorado Department of Labor and Employment
Division of Oil and Public Safety – Petroleum Storage Tank Fund
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Affidavit: Insurance Documentation
(Revised 1/7/2015)

In order to document the existence or nonexistence of insurance policies that cover the assessment and remediation of petroleum contamination at the site, a Fund applicant is required to complete this affidavit, sign it before a notary public and include it with the reimbursement application.

	RAP #:	

Applicant Certification

I, _____, on behalf of _____ ,
   (Applicant Representative Name)   (Legal Name of Applicant)

being first duly sworn, over the age of 18 and having personal knowledge of these matters, state the following:

- I am the authorized representative of the party responsible for cleanup of petroleum contamination at _____ that is the subject of the above-referenced
   (Site Address)
reimbursement application.

- The release of petroleum occurred at the site on _____ .
                                                       (Date)

- The cleanup is being/was conducted under Event ID # _____ .

- **Check one of the following.**

  □ A. On my application I have indicated that there were no liability insurance policies in effect for the location of the subject release at the time of the release that cover the assessment and remediation of petroleum contamination at the location of the release.
    o Submission of copies of any and all insurance policies in force at the time of release discovery is required.

  □ B. On my application I have listed all liability insurance policies in effect for the location of the subject release at the time of the release that cover the assessment and remediation of petroleum contamination at the location of the release. I have provided copies of these policies (that include the carrier's name and telephone number, the agent's name and telephone number and the policy number) with my application and I have attached a certificate of insurance/declarations page for each identified policy to this affidavit.

  □ C. On my application I have listed all liability insurance policies in effect for the location of the subject release at the time of the release that cover the assessment and remediation of petroleum contamination at the location of the release and I have previously submitted copies of all such policies. I have attached a certificate of insurance/declarations page for each identified policy to this affidavit.

- For each policy identified in B or C above that covers cleanup of petroleum contamination, I have also included the following information as related to the release.

Policy Number	Deductible	Amounts Paid to Date	Amounts Claimed and/or Expected to be Paid in the Future

I understand that there are severe criminal penalties for any false statement or misrepresentation of a material fact, knowing it to be false or knowingly failing to disclose a material fact with the intent to defraud.			
Applicant Representative Name:		Applicant Representative Title:	
Applicant Representative Signature:		Date:	

Notary Public Certification

Subscribed and sworn to before me in the county of _____ , State of _____ ,

this _____ day of _____ , _____ .

Notary Public Printed Name: _____

Signature: _____

My Commission Expires: _____