Financial Responsibility for Underground Storage Tanks

STATE OF ALASKA

Guide to Annual Submittal

What is Underground Storage Tank Financial Responsibility?

Underground Storage Tank Financial Responsibility, also known as **UST FR**, is both a Federal and State Regulation that ensures protection of your business, the environment, and third parties from pollution, injuries, and damage resulting from a leaking underground storage tank.

Federal Regulations: eCFR:: 40 CFR Part 280 Subpart H -- Financial Responsibility

- Alaska requirements are based on the Federal regulations. The US Environmental Protection Agency (EPA) verifies State Financial Responsibility Certifications at inspections.

State of Alaska Regulations: 18 AAC 78.910 UST Financial Responsibility (alaska.gov)

- UST FR documentation must be submitted when a new UST facility is registered with ADEC, and annually thereafter (you can expect email reminders for upcoming expiries). Submittals are processed by Alaska's UST Financial Responsibility Coordinator. Upon approval, a certificate is issued, which must be publicly posted at the facility(ies).



Requirements for Annual Submittal to Alaska DEC

1. A completed Underground Storage Tank Financial Responsibility Form

2. Proof of coverage:

- The most common coverage mechanism is commercially available **insurance**, often referred to as 'pollution liability insurance'.
- Other options are a Letter of Credit, Surety Bond, Fully Funded Trust Fund, and Guarantee.
- Local governments are also eligible to submit a Local Government Financial Test, Local
 Government Fund, Local Government Bond Rating Test, or Local Government Guarantee as proof
 of coverage.

*Note: Due to the popularity of insurance in a large majority of UST FR submittals, this guide only covers insurance as a form of proof. Please contact us with questions related to other proof mechanism options, or reference eCFR :: 40 CFR Part 280 Subpart H -- Financial Responsibility.



ADEC Underground Storage Tank Financial Responsibility Form

AT ACTUA DES	ADTRICT OF ENTIRONS INVESTIGATION						
	ARTMENT OF ENVIRONMENTAL CONSERVATION						
Undergro	Underground Storage Tank Financial Responsibility Form						
of Financial Respo Conservation (ADEC new UST, respondin	of Underground Storage Tank (UST) systems are required to provide proof asibility (FR) annually to the Alaska Department of Environmental). FR submittals or verification of FR are also required when installing a g to a cleanup, changing ownership or FR mechanisms, or at the request of sponsibility is required for USTs owned or operated by private parties						
A. Owner/Operate	r Information						
1. Owner ID:	2. Owner Name:						
1. Owner ID.	2. Owner range.						
3. Owner Type: Pleas	e Check one: Petroleum Marketer Petroleum Non-Marketer						
 Monthly Throught 	ut*: Check one: Less than 10,000 gallons 10,000 gallons or more						
5 Number of Tonket	Total number of regulated tanks *nationwide if applicable						
3. Number of Tanks	Total number of regulated tanks *nationwide if applicable						
2010000000000	The Control of Company						
B. Facility Inform	tion (please use additional forms if you have more facilities)						
1. ADEC FACILITY ID#	NAME & LOCATION:						
2. ADEC FACILITY ID#	Name & Location:						
3. ADEC FACILITY ID#	NAME & LOCATION:						
4. ADEC FACILITY ID#	Name & Location:						
5. ADEC FACILITY ID#	Name & Location:						
6. ADEC FACILITY ID#	Name & Location:						
C Financial Dem	nsibility Information						
C. Financial Kesp	nsionity information						
	is completed and signed Certification of Financial Responsibility form to one of the following (check all that apply):						
Newly install	d UST system Response to a cleanup FR mechanism changed						
Annual proof	to ADEC Request by ADEC or EPA Other						
Return completed for ADEC, UST FR Coord Email: decustfr@alask Fax: (907) 465-5245 Mail: see bottom of pa	ust Unit: (907) 465-5283 UST FR Coordinator: (907) 269-7579 or (907) 269-7679						
ADEC UST Form	Page 1 of 2 Updated: May 11, 2023						

Certification of Financial Respons	ability (in accordance	ce with 40 CFR 280.111(b)(11)(i))
hereby certifies that he / she is in comp 280 and 18 AAC 78.910. The financia responsibility under Subpart H of 40 C	al assurance mechan	ism(s) used to demonstrate financial
Type of Mechanism (check all that a	pply):	
Insurance Self	-insurance	Guarantee
Letter of Credit Sure	y Bond	Standby Trust Fund
Local Government Bond Loca	l Government Test	Other:
Name of Insurer or company provid	ing FR:	
Mechanism Number (insurance pol	icy number):	
Amount of Coverage: Per occurrence		Annual aggregate:
Effective Period of Coverage: From		to
Included Coverage (check all that a		- 1 No. 1 No
Covers: "Taking corrective a		
		njury and property damage"
Caused by: "Sudden accidental"	•	
********	75 m 10 m 1	
Note: This certification form must be considered complete. Incomplete form		or operator <u>and</u> a witness to be
max max	is will be returned.	
01	- 01	
Signature of owner or operator	Signa	ture of witness
		ture of witness
Signature of owner or operator Printed name of owner or operator Title		
Printed name of owner or operator	Printe	ed name of witness
Printed name of owner or operator	Printe Date be submitted by email,	ed name of witness
Printed name of owner or operator Title This form and supporting documents can	Printe Date be submitted by email, are fax the hard copies do	ed name of witness
Printed name of owner or operator Title This form and supporting documents can If the documents are submitted by email of	Printe Date be submitted by email, or fax the hard copies do ka. gov Fax: (fax or mail. Email or fax is preferred. ont need to be mailed.

The two-page application (found on the UST FR webpage) prompts for information required to process your UST FR certification (i.e. ADEC Owner ID, Facility Names, ID #s & addresses, and FR coverage details). Please be sure to entirely fill out the application.

If you are unsure about any required information (such as Owner ID or Facility ID #s), please reach out for assistance.

In addition to a required owner/operator signature, it will also need the signature of a witness.

Proof of Insurance Requirements

The document needed to process your UST FR submittal is generally known as a 'Certificate of Insurance'. To be accepted, it will need the following:

- 1. Policy number, effective and expiration dates;
- 2. Name and mailing address of insured and insurer;
- 3. The exact language provided in 40 CFR 280.97(b)(2);
- 4. The dollar limit of liability for each occurrence and annual aggregate (see <u>40 CFR 280.93</u> for \$ amount requirements);
- 5. Signature of insurance representative;
- 6. and a tank schedule (list of tanks and their location)

Certificate of Insurance

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Premium
XXXXXXXX	XX/XX/2023	XX/XX/2024	\$XXXX.XX

Named Insured and Mailing Address:

Name of Insurer:

CERTIFICATION:

 XXX Insurance Company, the 'Insurer', as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

Per Attached Scheduled Locations and Scheduled Storage Tank(s) Systems

for taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are: \$1,000,000 Each Occurrence and: \$1,000,000 Annual Aggregate Policy Limit, exclusive of legal defense costs which are subject to a separate limit under the Policy. This coverage is provided under Policy Number: XXX. The effective date of said policy is: XX/XX/2023.

- 2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
 - Bankruptcy or insolvency of the Insured shall not relieve the Insurer of its obligations under the policy to which this
 certificate applies.
 - b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102 and 280.104-280.107.
 - c. Whenever requested by a Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the Policy and all endorsements.
 - d. Cancellation or any other termination of the insurance by the Insurer, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the Insured. Cancellation for non-payment of premium or misrepresentation by the Insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the Insured.
 - e. The insurance covers claims otherwise covered by the Policy that are reported to the Insurer within six (6) months of the effective date of cancellation or non-renewal of the Policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such an extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97 (b) (2) and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess lines insurer, in one or more states.

Signature Required

Name, Title

Authorized representative of XXX Insurance Company

^{*}Note: If you are obtaining insurance and the full policy has not yet been returned, an insurance binder (Certificate of Liability Insurance, "Acord", Confirmation of Binding) can be used temporarily. Once the full insurance policy comes back, we will need the 'Certificate of Insurance' described above.

Approval of ADEC Underground Storage Tank Financial Responsibility and Final Notes



Following timely submittal of required documents to decustfr@alaska.gov, the UST FR coordinator will process the documents and issue a certificate by email for posting at your facility.

DEC requires proof of Financial Responsibility from all applicable owners and operators:

- prior to operating a newly installed UST system;
- annually, 30 days prior to the expiration of the FR;
- for a change of owner, prior to operation by the new owner;
- within 30 days after a release from an UST;
- if requested by DEC; and
- during a facility audit.

*UST Financial Responsibility MUST be maintained throughout the permanent closure process, defined as when corrective action is officially complete (40 CFR 280.113, adopted by reference under 18 AAC 78.910).



Contact Us:



Webpage for additional resources:

Financial Responsibility for UST Owners (alaska.gov)

Phone: See <u>UST FR Webpage</u>

Email: decustfr@alaska.gov

Fax: (907) 465-5245

Alaska Department of Environmental Conservation
Division of Spill Prevention and Response
Financial Responsibility Unit
P.O. Box 111800
Juneau, Alaska 99811