



Certification of Financial Responsibility

Owners/operators of underground storage tank systems regulated under CGS section 22a-449(d) shall complete this form to demonstrate financial responsibility as required by R.C.S.A. section 22a-449(d)-109. This completed form shall be maintained at the facility where the storage tank system(s) is located. Records kept off site, in accordance with CGS section 22a-449q shall be made available immediately upon request.

1. LOCATION of UST(s) Name of site: _____ Street Address or Location Description: _____ City/Town: _____ State: _____ Zip Code: _____																
2. Site ID Number: _____																
3. Financial Mechanism(s): Complete the table below identifying the financial assurance mechanism(s) used to demonstrate financial responsibility as specified in the Federal Register. Use the list of surety types below. If an 'other method' is chosen, please specify the method in the table.																
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A. Self Insurance</td> <td style="width: 33%;">E. Guarantee</td> <td style="width: 33%;">I. Trust Fund</td> </tr> <tr> <td>B. Commercial Insurance</td> <td>F. Surety Bond</td> <td>J. *State Fund</td> </tr> <tr> <td>C. Risk Retention Group</td> <td>G. Letter of Credit</td> <td>K. Other Method (specify in table below)</td> </tr> <tr> <td>D. Local Government Financial Test</td> <td>H. Bond Rating Test</td> <td></td> </tr> </table>					A. Self Insurance	E. Guarantee	I. Trust Fund	B. Commercial Insurance	F. Surety Bond	J. *State Fund	C. Risk Retention Group	G. Letter of Credit	K. Other Method (specify in table below)	D. Local Government Financial Test	H. Bond Rating Test	
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<p>*Pursuant to section 262 of Public Act 12-1 of the June 12th Special Session, the state fund (UST Petroleum Clean-Up Program) will cease to serve as a financial responsibility mechanism on:</p> <ul style="list-style-type: none"> • October 1, 2012, for those who own or operate USTs on more than five separate sites; and • October 1, 2013 for municipalities and for those who own or operate USTs on five or less separate sites. 																
Name of Insurer	Policy #	Surety Type (insert letter from list above or specify)	Amount of Coverage	Period of Coverage												

Certification of Financial Responsibility (continued)

The Owner/Operator must sign this certification along with either a witness or notary.

"I certify that this facility is in compliance with the requirements of the federal financial responsibility rules as referenced in R.C.S.A. section 22a-449(d)-109. Compliance includes taking corrective action and compensating third parties for bodily injury and property damage caused by a discharge from the storage tank system(s) at this location.

I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based upon a reasonable investigation, the submitted information is true and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense under section 53a-157b of the General Statutes or any other applicable statute."

Signature of Owner/Operator

Date

Printed Name of Owner/Operator

Title

Signature of Witness or Notary

Date

Printed Name of Witness or Notary

This certification form must be updated whenever the financial insurance mechanism(s) used to demonstrate financial responsibility changes.

If you have any questions, please contact the UST Program at 860-424-3374 or by e-mail (DEEP.USTFee@ct.gov)