State Water Resources Control Board
Underground Storage Tank Cleanup Fund

NON-RECOVERY FROM OTHER SOURCES DISCLOSURE CERTIFICATION

CLAIMANT/JOINT CLAIMANT NAME:	
SITE ADDRESS:	CLAIM NO.:
If multiple claimants are listed on the subject claim, please indicate which claimant is completing this certification:	***Claimant*** ☐ ***Joint Claimant*** ☐

The claimant and each joint claimant must complete and sign a separate copy of this form. **All signatures must be originals.**

This form's primary purpose is to ensure that you do not receive double payment for corrective action costs or third party compensation claims. An Underground Storage Tank Cleanup Fund (UST Cleanup Fund) regulation prohibits such double payment or "double recovery." (Cal. Code Regs., tit. 23, § 2812.3.)

You must disclose all moneys that you, an affiliate, or anyone acting on your behalf, have received or may receive that are in any way related in whole or in part to the unauthorized release that is the subject of your claim, no matter how the payment is characterized or your own belief as to whether the receipt of those moneys constitutes double recovery. Claimants must fully disclose all moneys received so that the UST Cleanup Fund can make its own independent determination of whether the receipt of those moneys constitutes double recovery. Moneys that you have received or may receive include, but are not limited to, insurance claims, pending litigation, settlements or legal judgments, contributions from other potentially responsible parties, and payments made to another person or entity to which you are affiliated or that is acting on your behalf.

This form also serves to identify other parties who may be involved in the cleanup that is the subject of your claim.

Finally, by signing this form you are assigning to the State of California any rights that you may have to recover from any party responsible for the unauthorized release that is the subject of your claim.

Please fill out this form carefully and completely, attaching additional sheets as necessary. Failure to fully and accurately disclose information or to provide supporting documentation will constitute grounds for rejection or suspension of your claim, requiring you to repay claim reimbursements, disqualifying you from further participation in the UST Cleanup Fund, and imposing civil and criminal liability upon you.

COMPENSATION FROM ANY INSURANCE CARRIER

Is there, or has there ever been, an insurance policy covering any environmental contamination including, but not limited to, petroleum contamination at this site? ☐ Yes ☐ No

IF **YES**, LIST EACH INSURANCE CARRIER NAME AND THE CARRIER'S ADDRESS, THE POLICY NUMBER, AND THE CLAIM REPRESENTATIVE'S NAME, TELEPHONE NUMBER, AND E-MAIL ADDRESS FOR EACH POLICY. (ATTACH ADDITIONAL SHEETS, IF NECESSARY.)

INSURANCE CARRIER	ADDRESS	POLICY NUMBER
REPRESENTATIVE NAME	TELEPHONE NUMBER	E-MAIL ADDRESS
INSURANCE CARRIER	ADDRESS	POLICY NUMBER
REPRESENTATIVE NAME	TELEPHONE NUMBER	E-MAIL ADDRESS

Have you filed, or do you intend to file, a claim with and/or lawsuit against one or more insurance carriers for any environmental contamination at the site, including, but not limited to, petroleum contamination from the unauthorized release that is the subject of your claim? ☐ Yes ☐ No

COMPENSATION FROM ANY PARTY OTHER THAN AN INSURANCE CARRIER

Have you received or sought, or do you intend to seek, money or any other form of relief from any other party, including, but not limited to another party potentially responsible for any environmental contamination at the site, including, but not limited to, petroleum contamination from the unauthorized release that is the subject of your claim? ☐ Yes ☐ No

IF **YES**, LIST EACH PARTY AND THE PARTY'S ADDRESS, THE REFERENCE NUMBER, AND THE REPRESENTATIVE'S NAME, TELEPHONE NUMBER, AND E-MAIL ADDRESS. (ATTACH ADDITIONAL SHEETS, IF NECESSARY.)

NAME	ADDRESS	REFERENCE NUMBER
REPRESENTATIVE NAME	TELEPHONE NUMBER	E-MAIL ADDRESS

COMPENSATION TO ANY AFFILIATE OR PARTY ACTING ON YOUR BEHALF

Has any party with whom you are affiliated or anyone acting on your behalf received or sought, or do they intend to seek, money or any other form of relief from any other party, including, but not limited to another party potentially responsible for any environmental contamination at the site, including, but not limited to, petroleum contamination from the unauthorized release that is the subject of your claim? ☐ Yes ☐ No

IF **YES**, LIST EACH PARTY AND THE PARTY'S ADDRESS, THE REFERENCE NUMBER, AND THE REPRESENTATIVE'S NAME, TELEPHONE NUMBER, AND E-MAIL ADDRESS. (ATTACH ADDITIONAL SHEETS, IF NECESSARY.)

NAME	ADDRESS	REFERENCE NUMBER
REPRESENTATIVE NAME	TELEPHONE NUMBER	E-MAIL ADDRESS

Has any party other than you incurred cleanup costs for any environmental contamination at the site, including, but not limited to, petroleum contamination from the unauthorized release that is the subject of your claim? ☐ Yes ☐ No

IF **YES**, LIST EACH PARTY AND THE PARTY'S ADDRESS, THE REFERENCE NUMBER, AND THE REPRESENTATIVE'S NAME, TELEPHONE NUMBER, AND E-MAIL ADDRESS. (ATTACH ADDITIONAL SHEETS, IF NECESSARY.)

NAME	ADDRESS	REFERENCE NUMBER
REPRESENTATIVE NAME	TELEPHONE NUMBER	E-MAIL ADDRESS

For each "Yes" response below, you must attach a full and complete explanation of the status of the recovery, or potential recovery, of money from the identified parties and any documentation not previously provided to the UST Cleanup Fund, including, but not limited to, correspondence, insurance claims, pending litigation, and settlements or legal judgments. Updates from previous Non-Recovery From Other Sources Disclosure Certifications must be clearly identified as such.

AGREEMENTS AND DECLARATIONS

PLEASE READ CAREFULLY BEFORE SIGNING:

I (we) authorize the State Water Resources Control Board's Underground Storage Tank Cleanup Fund (UST Cleanup Fund) to contact the parties identified on this form and to obtain from those parties any information necessary to determine my (our) eligibility for reimbursement from the UST Cleanup Fund and the amount that may be reimbursed.

I (we) agree to notify the UST Cleanup Fund promptly if I (we) receive payment related to or made in consideration for the unauthorized release that is the subject of my (our) claim. I (we) further agree to remit to the UST Cleanup Fund any amount that in the UST Cleanup Fund's determination constitutes double payment.

I (we) assign to the State of California and subrogate the state to any rights that I (we) have to recover from any person responsible for the unauthorized release that is the subject of my (our) claim for which I (we) received reimbursement.

I (we) declare under penalty of perjury that all facts and statements set forth herein are true and correct to the best of my (our) knowledge and belief. I (we) understand that failure to fully and accurately disclose information or to provide supporting documentation will constitute grounds for rejecting my (our) claim and barring me (us) from further participation in the UST Cleanup Fund.

EXECUTED AT: _____ ON THIS _____ DAY OF _____ 20 _____.

CLAIMANT/JOINT CLAIMANT PRINTED NAME _____

CLAIMANT/JOINT CLAIMANT SIGNATURE _____

CLAIMANT/JOINT CLAIMANT PRINTED NAME _____

CLAIMANT/JOINT CLAIMANT SIGNATURE _____