

**NON-RECOVERY FROM OTHER SOURCES DISCLOSURE CERTIFICATION**

CLAIMANT/JOINT CLAIMANT NAME:	
SITE ADDRESS:	CLAIM NO.:
If multiple claimants are named on the subject claim, please indicate which claimant is completing this certification:	<input type="checkbox"/> CLAIMANT <input type="checkbox"/> 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. A Fund regulation prohibits such double payment or "double recovery." (Cal. Code Regs., tit. 23, § 2812.3.)

On this form, you must identify money for costs related to your claim that you have received or expect to receive from any source, including, but not limited to, insurance claims, legal judgments, and contributions from other potentially responsible parties. Although only payment for corrective action costs could constitute double recovery because those are the only costs that the Fund reimburses, you must identify any payment related to or made in consideration for the unauthorized release that is the subject of your claim, no matter how the payment is characterized.

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

Finally, you must by signing this form assign 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 corrective action costs for which you receive Fund reimbursement. The Fund generally does not, however, pursue cost recovery absent evidence of intentional misconduct.

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 rejecting your claim and barring you from further participation in the Fund.

**INSURANCE**

A. IS THERE, OR HAS THERE EVER BEEN, AN INSURANCE POLICY COVERING THIS SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF <b>YES</b> , LIST THE COMPANY NAME AND ADDRESS, THE POLICY NUMBER, AND THE CLAIM REPRESENTATIVE'S NAME AND TELEPHONE NUMBER FOR EACH POLICY. (ATTACH ADDITIONAL SHEETS, IF NECESSARY.)
_____ COMPANY NAME                      ADDRESS
_____ REPRESENTATIVE NAME    TELEPHONE NUMBER    POLICY NUMBER
_____ COMPANY NAME                      ADDRESS
_____ REPRESENTATIVE NAME    TELEPHONE NUMBER    POLICY NUMBER
B. HAVE YOU FILED, OR DO YOU INTEND TO FILE, A CLAIM WITH THE INSURANCE CARRIER(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF <b>YES</b> , ATTACH AN EXPLANATION OF THE STATUS OF THE CLAIM AND COPIES OF YOUR LATEST CORRESPONDENCE WITH THE INSURANCE COMPANY.

**LITIGATION**

A. HAVE YOU SOUGHT, OR DO YOU INTEND TO SEEK, MONEY OR ANY OTHER FORM OF RELIEF FROM ANY OTHER PARTY POTENTIALLY RESPONSIBLE FOR THE UNAUTHORIZED RELEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF <b>YES</b> , IDENTIFY THE PARTY(IES) BELOW AND ITS NAME, ADDRESS, TELEPHONE NUMBER, AND REPRESENTATIVE, IF ANY. (ATTACH ADDITIONAL SHEETS, IF NECESSARY.)
NAME                                      ADDRESS                                      TELEPHONE                                      REPRESENTATIVE
_____
_____

**LITIGATION (continued)**

B. HAS LEGAL ACTION COMMENCED?  YES  NO

IF YES, PROVIDE THE CASE NUMBER AND COUNTY IN WHICH THE ACTION HAS BEEN FILED.

ATTACH A COPY OF THE COMPLAINT AND ANY AMENDMENTS TO THE COMPLAINT. CASE NO. \_\_\_\_\_ COUNTY \_\_\_\_\_

**OTHER SOURCES OF COMPENSATION**

A. HAVE YOU OR ANYONE ACTING ON YOUR BEHALF RECIEVED FUNDS FROM ANY SOURCE (INCLUDING, BUT NOT LIMITED TO, INSURANCE CLAIMS, LEGAL JUDGMENTS, AND CONTRIBUTIONS FROM OTHER POTENTIALLY RESPONSIBLE PARTIES, OR ANY OTHER SOURCE REGARDLESS OF HOW THE FUNDS WERE CHARACTERIZED) THAT ARE RELATED TO OR PAID IN CONSIDERATION FOR THE UNAUTHORIZED RELEASE THAT IS THE SUBJECT OF YOUR CLAIM?  YES  NO

IF YES, ATTACH COPIES OF ALL SUCH DOCUMENTS, AND LIST EACH SOURCE OF FUNDS AND THE AMOUNT BELOW:

DATE	SOURCE	IN PAYMENT OF	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. HAVE YOU OR ANYONE ACTING ON YOUR BEHALF RECEIVED FUNDS RELATED TO THE UNAUTHORIZED RELEASE BUT NOT DIRECTLY FOR THE CLEANUP OF THE CONTAMINATION THAT IS THE SUBJECT OF THE CLAIM?  YES  NO

IF YES, SUBMIT DOCUMENTATION (SUCH AS A SETTLEMENT AGREEMENT OR PLEADING, JUDGMENTS, OR ANY OTHER SUCH DOCUMENT) THAT IDENTIFIES THE PURPOSE(S) FOR WHICH THE MONEY WAS RECEIVED.

C. ARE YOU OBLIGATED TO REPAY ANY PART OF THE FUNDS RECEIVED OR TO BE RECEIVED?  YES  NO

IF YES, ATTACH DOCUMENTATION INDICATING WHAT IS TO BE REPAID.

D. DO YOU OR ANYONE ACTING ON YOUR BEHALF EXPECT TO RECEIVE FUNDS RELATED TO THE UNAUTHORIZED RELEASE AT ANYTIME IN THE FUTURE?  YES  NO

IF YES, EXPLAIN.

**AGREEMENTS AND DECLARATIONS**

**PLEASE READ CAREFULLY BEFORE SIGNING:**

"I (we) authorize the 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 Fund and the amount that may be reimbursed.

"I (we) agree to notify the 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 Fund any amount that in the 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 corrective action costs 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 Fund."

EXECUTED AT: \_\_\_\_\_

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
CLAIMANT/JOINT CLAIMANT SIGNATURE

\_\_\_\_\_  
CLAIMANT/JOINT CLAIMANT PRINTED NAME

\_\_\_\_\_  
CLAIMANT/JOINT CLAIMANT SIGNATURE

\_\_\_\_\_  
CLAIMANT/JOINT CLAIMANT PRINTED NAME