To: All UST Program/21J Claimants

From: Gordon H. Bullard, Excecutive Director

Re: Insurance Questionaire pursuant to MGL c21J and 503 CMR 2.00

This letter is to remind you that, in accordance with the Underground Storage Tank Petroleum Product Cleanup Fund regulations, 503 CMR 2.00 (“the Fund”), the Fund will only reimburse those eligible costs “unreimbursed by any other source of payment” including insurance.

If the Claimant receives reimbursement for a Claim from other source(s) for any specific costs, expenses or obligations previously reimbursed by the Fund, the Claimant shall return to the Fund the amount reimbursed by the Fund.

Please complete the attached questionnaire and return it to the UST Program.

Thank you for your attention to this matter.

**Request for Information Pertaining to Other Sources of Reimbursement**

**Facility No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RTN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Do you have environmental insurance for this facility?  Yes  No

2. If yes, what is the name of the insurance carrier?

3. If yes, have you applied to the insurance carrier for  Yes  No  N/A

costs associated with a release?

4. If yes, have you received money from the insurance carrier  Yes  No  N/A

for costs also submitted to the Fund?

5. If yes, date of receipt and the amount.

6. If you have not applied to the insurance carrier, do you expect  Yes  No  N/A

to apply in the future?

7. Are you aware of any party that may have caused or contributed  Yes  No

to the release?

1. If yes, please provide the name of the parties or parties.

9. If yes, have you pursued any legal action against that party?  Yes  No  N/A

10. If yes, please provide the name of the case, docket number and status

of legal action if known.

11. If response to Question 9 is “No”, do you intend on pursuing legal

action in the future?  Yes  No N/A

Print Name Title

Signature Date