SC DEPARTMENT of ENVIRONMENTAL SERVICES

UST Management Division

SUPERB Account Application

Pursuant to the State Underground Petroleum Environmental Response Bank (SUPERB) Act 44-2-130(E)(1): "An owner or operator of an underground storage tank or his agent seeking to qualify for compensation from the SUPERB Account for site rehabilitation shall submit a written application to the department."

Permit #: _____ Facility Name: _____

Facility Address:_____

Owner Name: _____

Owner Address: _____

Owner Phone #: _____

For the following section, circle **YES** or **NO:**

☐ **YES** **or** ☐ **NO** I request compensation from the SUPERB Account for the release discovered/ reported on _____.

If applicable, You/your company must satisfy a $25,000.00 deductible prior to the Division using SUPERB funds (Pursuant to the SUBERB Act 44-2-130). According to department records, you/your company had _____ as your financial responsibility mechanism at the time the release was reported. If this information is inaccurate, please correct it by checking the appropriate mechanism below:

☐ **Letter of Credit** ☐ **Insurance Policy** ☐ **Self-Insurance** ☐ **Surety Bond** ☐ **Guarantee**

INSURANCE STATEMENT

This site is potentially eligible to receive state monies to assist in site rehabilitation. Before eligibility for the SUPERB funds can be determined, written confirmation of the existence or non-existence of an environmental insurance policy for this site is required. Please circle **YES** or **NO** with regard to the following:

Is there now, or has there ever been an insurance policy or other financial mechanism that covers this UST release?

☐ **YES** **or** ☐ **NO**

My policy provider is _____

The policy number is _____

The policy deductible is _____ Policy limit:_____

If you have this type of insurance, please include a copy of the policy with this report.

Owner Signature: _____

Print Signatory Name:_____

Date: _____

Sworn before me this _____ day

of _____, 20_____.

_____

Notary Public (Signature)

for the State of _____

(if other than South Carolina, affix seal)

SCDES, UST Management Division, 2600 Bull Street, Columbia, SC 29201, PHONE (803) 898-0589, FAX (803) 898-0673, des.sc.gov/ust

SUPERB Account Application

-Purpose of the form is to gather information from individuals wishing to receive state monies from the SUPERB fund.

-Responsible party for a release from an underground storage tank system.

-Item-by-item instructions for completing the form:

Enter the permit number for the facility.
Enter the Facility Name and Address.
Enter the tank system Owner name, address and phone number.
Answer yes or no to the question of requesting compensation from the SUPERB Account and enter the date in the blank.
Verify accuracy of the financial responsibility mechanism and circle the correct mechanism if the blank is incorrect.
Answer yes or no to the question of whether or not an insurance policy is or has been in place for the UST system.
Provide the insurance policy information.
Sign and print your name, then date.
Have the form notarized.

-Form is scanned and saved electronically; Record Group Number 169, Retention Schedule 10304