PMMIC
INSURANCE

UST System Compatibility Assessment

Site Reg./Policy #: _____   Insured/Owner: _____

Facility/Site Name: _____   Address: _____

Street Address: _____   City/Zip: _____

City/Zip: _____   Phone #: _____

Current product type stored: _____

Alternative fuel to be stored: _____
Percentage of ethanol or bio: _____

UST System Information

Tank install date:	Piping install date:
Tank size in gallons:	Number of dispensers affected:
Tank manufacturer / material:	Piping manufacturer / material:

- It is strongly recommended that owners perform a precision tank and line test prior to introducing an alternative fuel into a storage tank system.

Instructions

Indicate whether the following items are compatible with the product to be stored. Mark "Yes" if the component is compatible with the product stored. Mark "No" if the component is not compatible or is unknown. Mark "N/A" if the component does not exist in the fuel system.

Component	Yes	No	Manufacturer – Model # - UL #
Tank(s) construction material			
Piping construction material			
Dispenser(s) and components			

Component	Yes	No	N/A	Manufacturer – Model # - UL #
Shear valve(s)				
Flex connector(s)				
Submersible pump(s)				

Containment	Yes	No	NA	Comments
Dispenser containment sump appears intact				
Piping containment sump appears intact				

Note: Containment is only considered adequate if it appears liquid-tight, meaning all entry boots, conduits, and walls are not damaged and are intact.

Compatibility Requirements

IMPORTANT: Tanks and piping must be confirmed compatible with the product stored. If the other listed components are not confirmed compatible, adequate containment must be confirmed to obtain PMMIC coverage.

Licensed Installer Performing Assessment

"I have inspected the visible UST system components and reviewed available installation records of the UST site referenced and have found the information listed on the above assessment, regarding the identified equipment and components of this UST site, to be true and accurate."

UST System Certification

Does this UST system(s) meet PMMIC's fuel compatibility requirements listed above?
[ ] Yes   [ ] No

Licensed Contractor/Company Performing Work: _____
(Please Print)

Licensed Installer: _____ License #_____
(Please Print)

Licensed Installer Signature: _____ Date:_____/_____/_____

Insured: _____
(Print Name)

Insured Signature: _____ Date:_____/_____/_____