

STATE OF FLORIDA STORAGE TANK FINANCIAL TEST (SELF INSURANCE) (Letter from Chief Financial Officer)

Reference: 40 CFR 280.95(d)

I am the chief financial officer of _____, herein
[Name of firm: the owner or operator, or guarantor]

referred to as the "firm", _____.
[Address of the firm]

This letter is in support of the use of the _____ to demonstrate financial
[Insert "financial test of self insurance" and/or "guarantee"]

responsibility for _____
[Insert "taking corrective action" and/or "compensating third parties for bodily injury and property damage caused by"]

_____ in the amount of at least:
[Insert "accidental discharges" or "sudden accidental discharges" or "nonsudden accidental discharges" or leave blank if only corrective action is covered]

Per Occurrence: \$ _____ **Annual Aggregate:** \$ _____

arising from operating (a) storage tank(s) [underground storage tanks (UST) and/or aboveground storage tanks (AST)].

Storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this firm:

[List information for each facility. See Instruction #6 on page i for details. Indicate "See attachment" if required.]

FDEP FacID <small>(for sites in Florida)</small>	Facility Name and Site Address <small>(for all sites covered)</small>	Number of Tanks or Tank I.D. Nos.

A _____ is also used by this firm to demonstrate evidence of financial responsibility in the
 [Insert "financial test" and/or "guarantee" or leave blank if EPA Regulations section does not apply]
 following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

EPA Regulations	Amount
Closure (§§ 264.143 and 265.143)	\$ _____
Post-Closure Care (§§ 264.145 and 265.145)	\$ _____
Liability Coverage (§§ 264.147 and 265.147)	\$ _____
Corrective Action (§ 264.101(b))	\$ _____
Plugging and Abandonment (§ 144.63)	\$ _____
Closure	\$ _____
Post-Closure Care	\$ _____
Liability Coverage	\$ _____
Corrective Action	\$ _____
Plugging and Abandonment	\$ _____
Total	\$ _____

This firm has not received an adverse opinion, a disclaimer of opinion or a "going concern" qualification from an independent auditor on its financial statements for the latest completed fiscal year ended _____ [Date].

The figures for the following items marked with an asterisk (*) are derived from these audited financial statements and footnotes.

[Fill in the information for Alternative I if the criteria of paragraph (b) of § 280.95 (as adopted) are being used to demonstrate compliance with the financial test requirements. Fill in the information for Alternative II if the criteria of paragraph (c) of § 280.95 (as adopted) are being used to demonstrate compliance with the financial test requirements.]

Alternative I

- 1. Amount of annual UST and AST aggregate coverage being assured by a financial test, and/or guarantee [from Page 1] \$ _____
- 2. Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee [from EPA Regulations section] \$ _____
- 3. Sum of lines 1 and 2 \$ _____
- * 4. Total tangible assets \$ _____
- * 5. Total liabilities \$ _____
 [If any of the amount reported on line 3 is included in total liabilities, you may deduct that amount from this line and add that amount to line 6]
- 6. Tangible net worth [subtract line 5 from line 4] \$ _____

Yes No

- 7. Is line 6 at least \$10 million? _____
- 8. Is line 6 at least 10 times line 3? _____
- 9. Have financial statements for the latest fiscal year been filed with the Securities and Exchange Commission (SEC)? _____

Yes **No**

10. Have financial statements for the latest fiscal year been filed with the Energy Information Administration? _____

11. Have financial statements for the latest fiscal year been filed with the Rural Utilities Service? _____

12. Has financial information been provided to Dun and Bradstreet, and has Dun and Bradstreet provided a financial strength rating of 4A or 5A? [Answer "Yes" only if both criteria have been met] _____

Alternative II

1. Amount of annual UST and AST aggregate coverage being assured by a financial test and/or guarantee [from Page 1] \$ _____

2. Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test and/or guarantee [from EPA Regulations section] \$ _____

3. Sum of lines 1 and 2 \$ _____

* 4. Total tangible assets \$ _____

* 5. Total liabilities
[If any of the amount reported on line 3 is included in total liabilities, you may deduct that amount from this line and add that amount to line 6] \$ _____

6. Tangible net worth [subtract line 5 from line 4] \$ _____

* 7. Total assets in the U.S.
[Required only if less than 90 percent of assets are located in the U.S.] \$ _____

Yes **No**

8. Is line 6 at least \$10 million? _____

9. Is line 6 at least 6 times line 3? _____

10. Are at least 90 percent of assets located in the U.S.?
[If "No", complete line 11.] _____

11. Is line 7 at least 6 times line 3? _____

[Fill in either lines 12-15 or lines 16-18:]

* 12. Current assets \$ _____

* 13. Current liabilities \$ _____

14. Net working capital [subtract line 13 from line 12] \$ _____

Yes **No**

15. Is line 14 at least 6 times line 3? _____

16. Current bond rating of most recent bond issue _____

17. Name of rating service _____

18. Date of maturity of bond _____

Yes No

19. Have financial statements for the latest fiscal year been filed with the SEC, the Energy Information Administration, or the Rural Utilities Service?

[If "No", attach a report from an independent certified public accountant certifying that there are no material differences between the data as reported in lines 4-18 above and the financial statements for the latest fiscal year.]

[For both Alternative I and Alternative II complete the certification with this statement.]

Certification

The person whose signature appears below hereby certifies that the wording of this instrument is identical to the wording as adopted and incorporated by reference in Rule(s) 62-761.420 and/or 62-762.421, F.A.C.

[Signature of Chief Financial Officer]

[Name and Title]

[Date]

[Owner or Operator Storage Tanks Program Contact]

[Owner or Operator Contact Phone Number]

[Owner or Operator Contact Email Address]