

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).

Facility/Tank Schedule: storage tanks at the following facilities are assured by this financial test or the EPA 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 identifying instrument and dated [date]" if required.]

DEP FacID (for sites in Florida)	Facility Name and Site Address (for all sites covered)	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 Section

EPA Regulations	Amount	Authorized State Programs	Amount
Closure (§§ 264.143 and 265.143)	\$ _____	Closure (Hazardous Waste Facilities)	\$ _____
Post-Closure Care (§§ 264.145 and 265.145)	\$ _____	Post-Closure Care (Hazardous Waste Facilities)	\$ _____
Liability Coverage (§§ 264.147 and 265.147)	\$ _____	Liability Coverage (Hazardous Waste Facilities)	\$ _____
Corrective Action (§ 264.101(b))	\$ _____	Corrective Action (Hazardous Waste Facilities)	\$ _____
Plugging and Abandonment (§ 144.63)	\$ _____	Plugging and Abandonment (Underground Injection Control)	\$ _____
Total		\$ _____	

The figures for the following items marked with an asterisk (*) are derived from the 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] \$ _____

7. Is line 6 at least \$10 million? Yes No

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)?

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.] \$ _____

8. Is line 6 at least \$10 million? Yes No

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?		<input type="checkbox"/> <input type="checkbox"/>

16. Current bond rating of most recent bond issue	
17. Name of rating service	
18. Date of maturity of bond	

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 special report from an independent certified public accountant certifying that there are no material differences between the data as reported in lines 4, 5 and, if applicable, 7, 12 and 13, and the financial statements for the latest fiscal year.] Yes No

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]

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. and that the firm passes this financial test.

[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]