Send claim or court order to Financial Assurance Working Group Florida Department of Environmental Protection 2600 Blair Stone Road MS 4548 Tallahassee, Florida 32399-2400

## STATE OF FLORIDA STORAGE TANK CERTIFICATE OF VALID CLAIM

Reference: 40 CFR 280.112

| The undersigned, as principals and as legal rep         | presentatives of  |                                     |
|---|---|-------------------------------------|
|   | [Owner or   | Operator]                           |
| (hereinafter "Owner or Operator") and                   |   |                                     |
| [Name of  | Third Party Claimant(s) - Insert "See attached" if multiple | claimants have different addresses] |
| (hereinafter "Claimant(s)"),                            |   |                                     |
| (hereinafter "Claimant(s)"),                            | [Address of Claimant(s) - Insert "See attached" if multip   | ole addresses]                      |
|   |   |                                     |
| [insert "bodily injury" or                              | "property damage" or "bodily injury and property damage     | "]                                  |
| arising from operating owner's or operator's sto        | prage tank should be paid in the amount of \$               |                                     |
| 3 1 1, 1 11 3 1 1 1 1 1 1 1 1 1 1 1 1 1                 |   |                                     |
| Tank Reference:   |   |                                     |
| [FDEP FacID] [Tank ID]                                  | [Site Address]  |                                     |
|   |   |                                     |
| Owner or Operator                                       |   |                                     |
|   |   |                                     |
|   |   |                                     |
| [Signature for Owner or Operator]                       | [Signature of Witness or Notary]                            | [Date]                              |
| [Name of Person Signing for Owner or Operator]          | [Printed name of Witness or include Notary Seal]            |                                     |
| [Name of Person Signing for Owner of Operator]          | [Fillited name of Witness of include Notary Seal]           |                                     |
|   |   |                                     |
| [Signature of Attorney for Owner or Operator]           | [Signature of Witness or Notary]                            | [Date]                              |
|   |   |                                     |
| [Name of Attorney]                                      | [Printed name of Witness or include Notary Seal]            |                                     |
|   |   |                                     |
| [Phone]   |   |                                     |
| E as all  |   |                                     |
| E-mail]   |   |                                     |
| Claimant(s) [add additional aignature blocks as paddent | الم   |                                     |
| Claimant(s) [add additional signature blocks as neede   | aj  |                                     |
|   |   |                                     |
| [Signature for Claimant]                                | [Signature of Witness or Notary]                            | [Date]                              |
|   |   |                                     |
| [Name of Person Signing for Claimant]                   | [Printed name of Witness or include Notary Seal]            |                                     |
|   |   |                                     |
| [Cignothus of Attornoy for Claimant]                    | Company of Witness or Natoral                               | [Dete]                              |
| [Signature of Attorney for Claimant]                    | [Signature of Witness or Notary]                            | [Date]                              |
| [Name of Attorney]                                      | [Printed name of Witness or include Notary Seal]            |                                     |
|   |   |                                     |
| [Phone]   |   |                                     |
| •   |   |                                     |
| [E-mail]  |   |                                     |