

USF Insurance Company  
220 Kaufman Financial Center  
30833 Northwestern Hwy.  
Farmington Hills, MI 48334

**NEW YORK**  
**RESIDENTIAL STORAGE TANK ACCIDENTAL RELEASE**  
**POLICY DECLARATIONS – NO VOLUNTARY PULL**

NOTICE: UNDER THIS POLICY, AMOUNTS INCURRED FOR CLAIM EXPENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT AND ALSO SHALL REDUCE THE LIMITS OF INSURANCE. PLEASE READ CAREFULLY.

**ITEM 1.**

Policy Number: \_\_\_\_\_ Renewal of: **New**

Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Producer's Name and Address: **The Powderhorn Agency, Inc.**  
**P.O. Box 872, Brookfield, CT 06804**

**ITEM 2.**

Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
At 12:01 A.M. Standard Time at your mailing address shown above.

**ITEM 3.**

**LIMITS OF INSURANCE**

Cleanup Costs Limit of Liability	\$	100,000
Fuel Oil System Repair Costs or Replacement Cost Sub-limit	\$	2,000
Sub-Limit for Site Restoration	\$	1,000

**ITEM 4.**

**DEDUCTIBLE**

Per Accidental Release	\$	1,000
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**ITEM 5.**

**PREMIUM**

Policy Premium	\$	
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**ITEM 6.**

**SCHEDULED FUEL OIL SYSTEM**

Location: \_\_\_\_\_ Dealer Name: \_\_\_\_\_  
Address: \_\_\_\_\_

AST ☐ UST ☐ GALLONS ☐

**ITEM 7.**

**FORMS AND ENDORSEMENTS**

Forms and Endorsements applying to this Coverage Part and made part of this policy at the time of issue:

IN CONSIDERATION OF THE PAYMENT OF THE PREMIUMS, AND SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY, WE AGREE TO PROVIDE THE INSURED WITH THE INSURANCE AS STATED IN THIS POLICY.

Countersigned by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Authorized Representative*

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS ISSUED TO THE INSURED FORM A PART THEREOF, COMPLETE THE ABOVE REFERENCED POLICY.