

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT – UNDERGROUND STORAGE TANK

STATE OF OREGON

This endorsement modifies insurance provided under the following:

POLLUTION LIABILITY COVERAGE FORM

Period of Coverage:	From:	<b>07/01/2022</b>	To:	<b>07/01/2023</b>
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Name of Insured Party and Mailing Address	Insurer Name and Mailing Address
<b>Company and Facility Name</b> <b>Street Address</b> <b>City, State Zip Code</b>	<b>INSURANCE COMPANY NAME</b> <b>STREET ADDRESS, CITY</b> <b>STATE, ZIP</b>

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering the following underground storage tank(s):

**The Number of USTs on site**

Facility ID	Name and Facility Location	#PST
<b>0000</b>	<b>Company and Facility Name</b>	<b>0000</b>
<b>Facility ID assigned by Oregon DEQ UST program.</b>	<b>Street Address</b>	
	<b>City, State Zip Code</b>	

For taking corrective action and/or compensating third parties for bodily injury and property damage caused by accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are	\$	<b>1,000,000</b>	for each occurrence	\$	<b>1,000,000</b>
For the annual aggregate, exclusive of legal defense costs. This coverage is provided under the Policy Number					
provided above.	The effective date of said policy is:		<b>mm/dd/yyyy</b>		

2. The Insurance afforded with respect to these occurrences is subject to all the terms and conditions of the policy; provided, however, that any provisions inconsistent with subparagraphs (a) – (e) of this paragraph are to be amended to confirm with these subparagraph:

- a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.

- b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy, to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95 – 280.102.
- c. Whenever requested by the Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the policy and all endorsements.
- d. Cancellation or any other termination of the insurance by the Insurer, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the insured. Cancellation for non-payment of premium or misrepresentation by the insured will be effective only upon written notice and only after expiration of a minimum of 10 working days after a copy of such written notice is received by the insured.
- e. The insurance covers claims otherwise covered by the policy that are reported to the Insurer within six months of the effective date of cancellation or non-renewal of the policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97(b)(1) and that the Insurer is licensed to transact the business of insurance in Oregon.

**This signature is required - must be signed by insurance representative**

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signature: President/ COO  
Authorized Representative of  
INSURANCE COMPANY

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**SCHEDULE OF DESIGNATED SITES**

<b>Site No.</b>	<b>Site Location/Address:</b>	<b>Deductible:</b>	<b>Retroactive Date:</b>
DEQ Facility ID: 0000	Location Address Company and Facility Name Street Address City, State Zip Code	5,000	05/29/1994

**Tank Details:**

**Line Details:**

<b>Tank No.</b>	<b>Type</b>	<b>Const.</b>	<b>Year Install</b>	<b>Capacity</b>	<b>Product</b>	<b>Leak Detect</b>	<b>Spill Contain</b>	<b>Const.</b>	<b>Year Install</b>	<b>Leak Detect</b>	<b>AST/UST</b>	<b>Prem.</b>
1	IU	FBGL	1988	10,000	UNL	ATG	Y	RF	1988	PLLD	UST	860
2	IU	FBGL	1988	10,000	UNL	ATG	Y	RF	1988	PLLD	UST	860
3	IU	FBGL	1988	10,000	PREM	ATG	Y	RF	1988	PLLD	UST	860
4	IU	FBGL	1988	10,000	DSL	ATG	Y	RF	1988	PLLD	UST	860