

Wisconsin Department of Agriculture, Trade and Consumer Protection Division of Agricultural Resource Management Bureau of Agrichemical Management PO Box 8911

Madison WI 53708-8911 Phone: (608) 224-4522



## OFFICE USE ONLY

Application Number:

## **ACCP Insurance Information Form** (Section 94.73, Wis. Stats.)

At the time you submit your application for reimbursement of cleanup costs to the Department, you must also send any information regarding insurance policies that were in effect at the time of the discharge. Section ATCP 35.06(1)(d), Wis. Admin. Code, requires that an applicant complete this form. Clean up costs covered by insurance are not eligible for reimbursement. Please check the appropriate box below, complete the necessary information, and return the signed form with your application.

At the time the discharge occurred:			Please include a letter from your insurance company verifying coverage or no	
	_			coverage.

- $\rho$  There were no insurance policies in effect.
- ρ Policies were in effect, but coverage was denied (complete Section A).
- ρ Policies were in effect which covered part of the clean-up costs (complete Section A and provide detailed documentation which indicates the specific invoices or costs that were covered and not covered by insurance. If a specific agreement was reached regarding the insurance settlement, please enclose a copy.).

Section A

Policies were in effect with the companies listed below:	
(1)	
(2)	
(3)	
The undersigned states that the information contained above is true and correct	to the heat of their knowledge
The undersigned states that the information contained above is true and correct	to the best of their knowledge
Signature of Applicant	Date

Personal information you provide may be used for purposes other than that for which it was originally collected (Privacy Law sec. 19.62-19.80, Wis. Stats.).