

CT Claim Assignment Coversheet



3078



|                   |                       |                  |   |
|-------------------|-----------------------|------------------|---|
| Claim Number:     | <u>14</u>             | Claimant:        | <u>ABC Oil Company, Inc.</u>                    |
| DEP Site Number:  | <u>9999</u>           | Consultant:      | <u>Really Good Connecticut Consultant, Inc.</u> |
| Site Name:        | <u>ABC Store # 24</u> | NatLUST Payee:   | <u>ABC Oil Company, Inc.</u>                    |
| Amount Requested: | <u>\$100,000.00</u>   | Amount Approved: | <u>\$51,000.01</u>                              |

**INSTRUCTIONS FOR ASSIGNING CONNECTICUT CLAIMS**

1. **REVIEW THE ATTACHED FORMS TO MAKE CERTAIN THE INFORMATION IS ACCURATE.** In particular, make sure the dollar amount shown is the same as what was approved by the Board. DEP may insist on having a new form executed if the amount differs from what was actually approved.
2. **IF YOU NEED TO MAKE CHANGES TO THE FORMS:** Go back into the database and edit the claimant and/or site information, as appropriate. If you need NatLUST to make a change, please contact us. Once you have made the edits, navigate to **CLAIMS > FORMS > GENERATE & PRINT**, then select the claim and regenerate the forms.
3. **WHAT TO SEND NATLUST:** Fax or email signed copies of both the DEP and NatLUST CT-1 form. Please do not send NatLUST forms by mail.
4. **WHAT TO SEND DEP:** Mail DEP an original copy of the executed DEP assignment notification form. Please do not send DEP the NatLUST assignment form.

**FUNDING CYCLE:** Because of the way Connecticut's UST reimbursement program is organized, it sometimes takes NatLUST a week or more following the Board vote to round up all the assignment forms and issue the initial payment. NatLUST is generally able to issue your back end residual payment within a week of DEP reimbursing the claim.

**WHERE TO SEND DOCUMENTS:**

For DEP: **Department of Environmental Protection**  
**Attn: Ms. Paula McDowell**  
**79 Elm Street, 4th Floor**  
**Hartford, CT 06106-5127**  
**(860) 424-3252**

NatLUST: **Fax: (866) 852-9007**  
**E-Mail: [Service@natlust.org](mailto:Service@natlust.org) (PDF or TIF format)**

Questions? Call 804-358-6661 or send an email to [Service@NatLUST.org](mailto:Service@NatLUST.org).

**To Be Used With Connecticut's 'Notification of Assignment & Payment Designation' Form**

This NatLUST Assignment Form should be used with UST claims ("Claims") that have or will be submitted to Connecticut's Department of Environmental Protection ("DEP") where the Applicant (or their Consultant) desires expedited payment through NatLUST. NatLUST does not make any representation or warranty that this assignment will be included in the NatLUST Claim Financing Program ("Program"), and all assignments are subject to the approval of NatLUST, at its discretion. If this assignment is not included in the Program for any reason (including termination of the Program prior to the disbursement of funds hereunder), the approved claim shall be administered in accordance with DEP's normal delayed payment procedures, NatLUST shall have no obligations hereunder, and the assignment shall be of no further force and effect.

**Part I - Reimbursement Application Identification and Assignment to NatLUST**

|                                    |                       |
|------------------------------------|-----------------------|
| DEP Spill Number (ex. 1253, etc.): | <u>9999</u>           |
| Claim Number (ex. 1, 2, 3, etc.):  | <u>14</u>             |
| Site Name:                         | <u>ABC Store # 24</u> |

|  |   |
|--|---|
| <b>Do Not Write in This Box. Reserved for Bar Codes:</b>                           |   |
|  |  |
| CT-1   | 3079  |

|  |                              |                               |                              |
|--|------------------------------|-------------------------------|------------------------------|
| Applicant Name:                          | <u>ABC Oil Company, Inc.</u> | Applicant e-mail:             | <u>jtankowner@ABCoil.com</u> |
| Total Amount Requested: \$               | <u>100,000.00</u>            | Applicant's Telephone Number: | <u>(860) 555-0000</u>        |
| Claim Decision (if already approved): \$ | <u>51,000.01</u>             | Date Claim Submitted to DEP:  | <u>01/01/2004</u>            |
| Natlust Payee:                           | <u>ABC Oil Company, Inc.</u> |                               |                              |

**By signing below, and assuming this Assignment is accepted by NatLUST, the parties agree as follows:**

**A. NatLUST Obligations**

1. Provided that NatLUST, in its sole discretion, decides to accept this assignment and include it in the Program, NatLUST will promptly notify the Claimant (or their consultant, if named by the Claimant as NatLUST's payee) of such decision in writing (email sufficing), and the terms and conditions of this Part A will be binding upon NatLUST.
2. Promptly following CT DEP acknowledging the assignment, NatLUST will pay to the Payee the Initial Payment (as hereinafter defined) of the assigned Claims. The "Initial Payment" shall mean the initial amount disbursed to the Payee in connection with the purchase of a Claim, which shall be equal to amount approved for reimbursement by CT DEP ("Claim Decision") multiplied by NatLUST's relevant advance percentage (as described at [www.natlust.org/forms.html](http://www.natlust.org/forms.html)), less any applicable offsets as may be required.
3. Promptly following the deposit by the CT DEP of the reimbursement payment into NatLUST's lockbox account, NatLUST will calculate and pay the Residual Payment owing to the Claimant. The Residual Payment is defined as the Claim Decision amount (as reimbursed by CT DEP), less the Initial Payment and accrued carrying costs, less any applicable offsets as may be required. NatLUST agrees to calculate and assess carrying charges against this assigned claim in a manner consistent with other assigned State claims, and hereby agrees to use its best efforts to provide the least expensive financing available to the payee.

**B. Claimant Obligations**

**The undersigned, on behalf of the Claimant, represents, warrants, and agree(s) as follows:**

1. Irrevocably assign to NatLUST or its assignees the full amount of any approved reimbursement from DEP for the above-referenced Claim. I agree that any check(s) issued by DEP to satisfy this Claim will be issued only to NatLUST or its assignees, and I forever waive my right to ask DEP to reassign this Claim to any other party.
2. Warrant and represent that I have not assigned or pledged my reimbursement payment to any other person or entity, and it is hereby being assigned and transferred to NatLUST free and clear of any and all liens and encumbrances.
3. Acknowledge that certain costs and fees of the Program will be deducted from, and that I will receive less than, the aggregate face amount of my approved Claim as a condition of participating in the Program.
4. Agree that if the reimbursement check is issued to me, the applicant, rather than to NatLUST, or if the check from NatLUST is issued to me rather than to any other payee that I have designated in Part III of this form, I bear the responsibility for transferring the payment to its proper recipient.
5. I Warrant and represent that I am the applicant, or in claims in which the applicant is not an individual, that I have the authority to assign this payment on behalf of the applicant, and that I am not, and do not contemplate being, involved as a debtor in any bankruptcy, insolvency, receivership or similar proceeding.
6. Certify that I have reviewed the materials made available to me by NatLUST with respect to the Program and hereby acknowledge, accept and agree to the terms and conditions thereof.
7. Agree that the assignment by this form applies only to the Claim and DEP reimbursement application with which it is submitted.
8. Acknowledge that this form does not cancel or diminish my liability for corrective action or for any third party damages related to this petroleum release. I hereby indemnify and hold harmless NatLUST and its assignees should DEP and/or the State of Connecticut later seek to recover costs reimbursed through this Claim.
9. Acknowledge and agree that Claimant (and if so designated, the Consultant) hereby grants to NatLUST and its authorized representatives (which shall initially include Lindsay B. Trittipoe, and his successors and assigns) a limited power-of-attorney to (i) endorse Claimant's or Consultant's name on any reimbursement checks or other form of payment from the Fund; and (ii) deposit any such payments to NatLUST's account without Claimant's or Consultant's signature. This power of attorney is coupled with an interest and may not be terminated or revoked by action of the Claimant or the Consultant, or by the death, disability or dissolution thereof, as applicable. If a copy of the instrument, verified by affidavit, shall have been filed, it will not be necessary to file the original as a warrant of attorney. The Claimant and the Consultant shall, upon NatLUST's request, name any additional or alternative person(s) so requested as Claimant's or Consultant's duly constituted attorney(s)-in-fact.

In witness whereof, the undersigned, as the duly authorized officer or other representative of the Claimant, has duly executed and delivered this Assignment on the date written below.

\_\_\_\_\_  
 Claimant Signature (include title, if applicable) **James Q. Tankowner** \_\_\_\_\_  
Date

**Notarization**

State of \_\_\_\_\_ }  
 City/County of \_\_\_\_\_ } ss:  
 Subscribed and sworn to before me by \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_  
 /s/ \_\_\_\_\_ My commission expires: \_\_\_\_\_

**Part II - Substitute IRS FORM W-9 "Request for Taxpayer Identification Number and Certification."**

The person or entity that will be the payee on the check(s) for the payment(s) from NatLUST should provide their federal tax number (Social Security Number or Employer ID Number as applicable) and signature below.

\*\*\*\*\*Payees who already have filed a W-9 with NatLUST do not have to complete this section\*\*\*\*

| Check Only One                                     | Social Security Number | Employer Identification Number |
|--|------------------------|--------------------------------|
| <input type="checkbox"/> Corporation.....          | Not Applicable         | _____                          |
| <input type="checkbox"/> Partnership.....          | Not Applicable         | _____                          |
| <input type="checkbox"/> Trust or Estate.....      | Not Applicable         | _____                          |
| <input type="checkbox"/> Limited Partnership.....  | Not Applicable         | _____                          |
| <input type="checkbox"/> Limited Liability CO..... | Not Applicable         | _____                          |
| <input type="checkbox"/> Sole Proprietor.....      | _____ or               | _____                          |
| <input type="checkbox"/> *Individual.....          | _____ or               | Not Applicable                 |
| <input type="checkbox"/> Other (specify): _____    | _____ or               | _____                          |

If \*Individual is checked and you are engaged in a trade or business, you are certifying that expenses associated with site remediation being claimed for reimbursement are in no way related to your business.

**Under penalties of perjury, I certify that:**

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am responsible for updating/revising the above information should any information change on any pending claim.

\_\_\_\_\_  
 Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
 Print name (and position, if applicable) of person signing above

**Part III - Optional Direct Payment To Consultant or Other Party**

This part should be completed only to designate a person or entity other than the claimant as the Payee on the accelerated claim payment check(s) from NatLUST. NatLUST will make the check payable to the party named below, and will mail the check to the address provided. **If the Payee does not already have a W-9 on file with NatLUST, then you must also complete Part II. The Federal ID number and other information that appears in Part II must correspond to the name that is provided in this part.**

NatLUST Payee Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ (if not already on file)



**STATE OF CONNECTICUT  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 Bureau of Water Protection and Land Reuse  
 Underground Storage Tank Petroleum Clean-Up Account Program  
 79 Elm Street  
 Hartford, CT 06106-5127**

**Notification of Assignment and Direction to Pay Form for  
 Underground Storage Tank Petroleum Clean-Up Account Program**

Please complete this form in accordance with Section 22a-449c(a)(2) of the General Statutes and the instructions (DEP-UST-INST-001) to ensure the proper handling of your application. This form is to provide notification of assignment and direction to pay to the Commissioner of Environmental Protection regarding an application for payment or reimbursement filed with the Underground Storage Tank (UST) Petroleum Clean-Up Review Board. Print or type unless otherwise noted.

|                     |
|---------------------|
| <b>DEP USE ONLY</b> |
| Form No. _____      |

PLEASE NOTE: Any applicant considering assignment of their claim is advised that information regarding the balance of the UST Petroleum Clean-up Account for meeting recommended claim reimbursements is available at the DEP website: [www.dep.state.ct/wst/ust/index.htm#NoticeofAssignment](http://www.dep.state.ct/wst/ust/index.htm#NoticeofAssignment)

**Part I: Applicant Information**

|  |                  |                        |  |
|--|------------------|------------------------|--|
| 1. Information regarding the Application for Payment or Reimbursement for Which Notification of an Assignment Is Being Made: |                  |                        |  |
| Applicant Name: <b>ABC Oil Company, Inc.</b>   |                  |                        |  |
| Mailing Address: <b>10 Alcap Ridge</b>   |                  |                        |  |
| City/Town: <b>Cromwell</b>   | State: <b>CT</b> | Zip Code: <b>06416</b> |  |
| Phone: <b>(860) 555-0000</b>   | ext:             | Fax:                   |  |
| Email Address: <b>jtankowner@ABCoil.com</b>  |                  |                        |  |
| 2. List primary contact for departmental correspondence and inquiries.   |                  |                        |  |
| Name: <b>James Q. Tankowner</b>  |                  |                        |  |
| Mailing Address: <b>10 Alcap Ridge</b>   |                  |                        |  |
| City/Town: <b>Cromwell</b>   | State: <b>CT</b> | Zip Code: <b>06416</b> |  |
| Phone: <b>(860) 555-0000</b>   | ext:             | Fax:                   |  |
| Email Address: <b>jtankowner@ABCoil.com</b>  |                  |                        |  |

**Part I: Applicant Information (cont.)**

3. The Application for Payment or Reimbursement is (check one):

An *initial* application

A supplemental application

Total Amount Requested in the Application: **\$100,000.00**

Date of Application Submittal, if known: **Jan. 01, 2004**

Date the Certification of Accuracy Section of the application was signed:

If the UST Petroleum Review Board has approved payment or reimbursement, provide the date of the approval and the amount approved: **Aug. 18, 2009 \$51,000.01, or such amount approved for payment by the Review Board.**

**Part II: Assignee Information**

1. List the Assignment and Assignee information:

Date of Assignment: **Aug. 22, 2009**

Assignee Name: **NatLUST**

Mailing Address: **P. O. Box 6967**

City/Town: **Richmond**

State: **VA**

Zip Code: **23230**

Phone: **804-358-6661**

ext:

Fax: **866-635-7303**

Email Address: **lt@natlust.org**

2. List Assignee primary contact for departmental correspondence and inquiries.

Name: **Lindsay Trittipoe**

Mailing Address: **P. O. Box 6967**

City/Town: **Richmond**

State: **VA**

Zip Code: **23230**

Phone: **804-358-6661**

ext:

Fax: **866-635-7303**

Email Address: **lt@natlust.org**

**Part III: Site Information**

1. Name of site: **ABC Store # 24**

Street Address or Description of Location: **50 Elm Street**

City/Town: **New Cannan**

State: **CT**

Zip Code: **06840**

2. DEP Site Number, if known: **9999**, Supplemental Claim Number **14**

**Part IV: Certification**

The applicant (or the applicant's Authorized Representative) must sign this part. An application will be considered incomplete unless all required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I also certify that I am authorized to execute this Form on behalf of the Applicant and submit it to the Commissioner of Environmental Protection.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

By completing and submitting this Form, the applicant hereby directs the Commissioner of Environmental Protection to make all payment or reimbursement approved by the Underground Storage Tank Petroleum Clean-Up Account Review Board, regarding the application noted in Part I of this Form, directly to the Assignee noted in Part II of this Form. In providing this direction to the Commissioner, the applicant:

1. States that the assignment of all payments or reimbursements, regarding the application noted in Part I of this Form, is irrevocable and unconditional;
2. Acknowledges and understands that neither the Commissioner of Environmental Protection nor any other instrumentality of the State of Connecticut has reviewed, approved or endorsed the instrument used by the applicant to assign its payment. The applicant also acknowledges and agrees that no cost of the aforementioned assignment shall be borne by the Underground Storage Tank Petroleum Clean-Up Account and that the State of Connecticut, including but not limited to, any instrumentality of the state, administrative agency or employee, shall bear no liability with respect to any such assignment;
3. States that the person executing and submitting this Notification of Assignment and Direction to Pay Form is authorized to do so on behalf of the Applicant; and
4. Agrees to provide any additional information that the Commissioner of Environmental Protection requests or deems necessary regarding the assignment of payment for the application noted in Part I of this Form.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text."

|   |                       |
|---|-----------------------|
| _____   | <u>Aug. 22, 2009</u>  |
| Signature of Applicant (or Authorized Representative) | Date                  |
| <br><b>James Q. Tankowner</b>                         |                       |
| Name of Applicant (or Authorized Representative)      | Title (if applicable) |
| [print or type]                                       |                       |

Note: Please submit the completed Form to:  
UNDERGROUND STORAGE TANK PETROLEUM CLEAN-UP ACCOUNT PROGRAM  
BUREAU OF WATER PROTECTION AND LAND REUSE DEPARTMENT OF ENVIRONMENTAL PROTECTION  
79 ELM STREET, 4TH FLOOR  
HARTFORD, CT 06106-5127  
  
860-424-3370