**Parhelion Platinum RIN Insurance**

**Application Form for RIN Generators**

**To ensure we can give best service and provide competitive quotations we require our Application Form to be fully completed. Please use additional sheets if necessary to provide full details, as without this information we regret we are unable to provide a quotation. Please complete a separate form for each D-Code of fuel.**

|  |  |
| --- | --- |
| Serial Numbers of RINs to be insured: |  |
| Fuel D-Code: |  |
| Your Company Name: |  |
| Your Company FEIN (Federal Employers Identification Number): |  |
| Your Company ID number in the ETMS: |  |
| Your Company Address: |  |
| Names of Directors and Officers of your Company: |  |
| Production facility details including: EPA facility registration number, location, capacity, technology description: |  |
| Top 3 RIN Buyers – please include company name, FEIN number and facility: |  |
| Top 3 Renewable Fuel buyers – please include company name, FEIN number and facility: |  |
| Do you have an active QRIN program in place? If so, please provide details: |  |

|  |  |
| --- | --- |
| Please provide details of any previous RIN invalidations / losses, including potential losses and investigations that you know of which are material to the risk of invalidation: |  |
| Please provide details of your reporting and compliance monitoring. |  |
| Do any of the RINs for which you are seeking coverage, originate from companies or facilities that have been subject to EPA regulatory action or Administrative Settlement Agreement? |  |

**Please enclose the following documents:**

* Last full year of audited financial statements.
* Template RIN sale and purchase agreement.

**DISCLOSURE OF MATERIAL INFORMATION**

It is essential that every proposer or insured, when seeking a quotation, taking out or renewing an insurance, reveals to prospective insurers any material facts or information (including any material circumstance or change in circumstance) which might influence the judgement of an insurer in fixing the premium or in determining whether he will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the discretion of the insurers.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_