



**HEATING OIL POLLUTION LIABILITY INSURANCE PROGRAM
PROJECT CLOSEOUT/COST CLAIM FORM**

Service Provider: _____ Date: _____

I. Owner/Contact Information

Registration No.: _____

Owner Name: _____ Phone No.: _____

Mailing Address: _____
Street City Zip Code

Contact Name *(if different from owner)*: _____ Phone No.: _____

Mailing Address: _____
Street City Zip Code

II. SITE INFORMATION

Site Address: _____
Street City Zip Code

III. Payment

Payment will be made within thirty (30) days after project completion. A project is complete upon approval by the insured and PLIA.

This form must correspond with the Scope of Work and all Change Orders. A detailed list of all costs, including all receipts and supporting project photos, must be included before payment will be made for the approved corrective action as described in the Service Provider Agreement.

Total claim project costs: \$ _____ Please attach a detailed list of costs.

Payments to date:

Total amount due: \$ _____

Service Provider certifies that all records supporting the information provided in this report are attached or on file with PLIA and will be made available upon request by the insured or PLIA.

Service Provider Name: _____

Signature: _____ Date: _____

Owner has reviewed and accepts the work on this project as conducted and complete.

Owner Name: _____

Signature: _____ Date: _____

PLIA has reviewed and approves payment for the work on this Project Closeout/Cost Claim Form for the selected cleanup alternative.

Claim Manager Name: _____

Signature: _____ Date: _____

Approving Authority Name: _____

Signature: _____ Date: _____