



**HEATING OIL POLLUTION LIABILITY INSURANCE PROGRAM
INTERIM PROJECT PAYMENT FORM**

Service Provider: _____ Date: _____

I. Claimant/Contact Information

Claimant 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

PLIA Registration Number: _____

III. Description of Work Completed and Remaining

Brief description of work completed to date (attach supporting documentation):

Brief description of work remaining, and how it relates to site closure under the substantive requirements of MTCA, and a timeline for completion of remaining work.

Project will be complete by: _____

IV. Payment

Payment will be made within thirty (30) days after receipt of this form and supporting documentation. Interim payments may not exceed total project costs approved in the Scope of Work.

This form must correspond with the approved Scope of Work and any approved Change Orders. An itemized invoice or detailed list of all costs incurred with all receipts and supporting project photos must be included before payment will be made.

NOTE: Payment may be delayed or denied if all appropriate supporting documentation (receipts, photos, plan for closure, etc.) is not submitted with this form or if work completed does not correspond with the approved Scope of Work.

PLIA Approved Total Project Costs: \$ _____
Interim Project Payment Requested: _____
Previous Payments: _____
Remaining Estimated Project Costs: \$ _____

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

Service Provider Name: _____

Signature: _____ Date: _____

Owner acknowledges and accepts the completed work on this project to date.

Owner Name: _____

Signature: _____ Date: _____

PLIA has reviewed and approves payment for the work on this Interim Project Payment Form for the selected cleanup alternative.

Claim Manager Name: _____

Signature: _____ Date: _____

Approving Authority Name: _____

Signature: _____ Date: _____