

Certificate of Insurance for Closure or Post-closure Care
Department of Environment and Conservation
Division of Solid Waste Management, Hazardous Waste Program

A certificate of insurance must be worded as follows, except that instructions in parentheses are to be replaced with the relevant information and the parentheses deleted:

CERTIFICATE OF INSURANCE FOR CLOSURE OR POST-CLOSURE CARE

Name and Address of Insurer (herein called the "Insurer"):

Name and Address of Insured (herein called the "Insured"):

Facilities Covered:(List for each facility: The EPA Identification Number, name, address, and the amount of insurance for closure and/or the amount for post-closure care (these amounts for all facilities covered must total the face amount shown below):

Face Amount:_____

Policy Number:_____

Effective Date:_____

The Insurer hereby certifies that it has issued to the Insured the policy of insurance identified above to provide financial assurance for (insert "closure" or "closure and post-closure care" or "post-closure care") for the facilities identified above. The Insurer further warrants that such policy conforms in all respects with the requirements of State Rules 0400-12-01-.05(8)(g)4 and 0400-12-01-.06(8)(g)5, as applicable and as such regulations were constituted on the date shown immediately below. It is agreed that any provision of the policy inconsistent with such regulations is hereby amended to eliminate such inconsistency.

Whenever requested by the Director of the Division of Solid Waste Management of the Tennessee Department of Environment and Conservation, the Insurer agrees to furnish to the Division Director a duplicate original of the policy listed above, including all endorsements thereon.

I hereby certify that the wording of this certificate is identical to the wording specified in Tennessee Rule 0400-12-01-.06(8)(p)5 as such regulations were constituted on the date shown immediately below.

(Authorized signature for Insurer) _____

(Name of person signing) _____

(Title of person signing) _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public

My commission expires on the _____ day of _____, _____