

HAZARDOUS WASTE FACILITY LIABILITY ENDORSEMENT
Department of Environment and Conservation, Division of Solid Waste Management,
Hazardous Waste Program

A hazardous waste facility liability endorsement, as required in Rule 0400-12-01-.05(8)(n) and Rule 0400-12-01-.06(8)(n) must be worded as follows, except that instructions in brackets are to be replaced with the relevant information and the brackets deleted:

HAZARDOUS WASTE FACILITY LIABILITY ENDORSEMENT

- (i) This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage in connection with the insured's obligation to demonstrate financial responsibility under Tennessee Department of Environment and Conservation Rules 0400-12-01-.05(8)(n) or 0400-12-01-.06(8)(n). The coverage applies at [list Installation Identification Number, name and address for each facility] for [insert "sudden accidental occurrences", "nonsudden accidental occurrences", or "sudden and nonsudden accidental occurrences". If coverage is for multiple facilities and the coverage is different for different facilities, indicate which facilities are insured for sudden accidental occurrences, which are insured for nonsudden accidental occurrences, and which are insured for both.] The limits of liability are [insert the dollar amount of the "each occurrence" and "annual aggregate" limits of the Insurer's liability], exclusive of legal defense costs. [If the endorsement is for an excess insurance policy, this last sentence should be replaced by a sentence which reads "The limits of liability are \$_____ each occurrence and \$_____ annual aggregate for bodily injury and property damage combined in excess of the underlying limits of \$_____ each occurrence and \$_____ annual aggregate", with the appropriate amounts indicated.]
- (ii) The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy, provided, however, that any provision of the policy inconsistent with subitems I through V of this item are hereby amended to conform with subitems I through V:
 - I. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.
 - II. The Insurer is liable for the payment of amounts within any deductible, applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in Rules 0400-12-01-.05(8)(n)6 or 0400-12-01-.06(8)(n)6.
 - III. Whenever requested by the Commissioner of the Tennessee Department of Environment and Conservation or his designee, the Insurer agrees to furnish to the Commissioner or designee a signed duplicate original of the policy and all

endorsements.

- IV. Cancellation of this endorsement, whether by the Insurer, the insured, a parent corporation providing insurance coverage for its subsidiary, or by a firm having an insurable interest in and obtaining liability insurance on behalf of the owner or operator of the hazardous waste management facility, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the Division Director.
- V. Any other termination of this endorsement will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Division Director.

Attached to and forming part of policy no. _____ issued by (name of Insurer), herein called the Insurer, (address of Insurer) to (name of Insured) of (address) this _____ day of _____, _____. The effective date of said policy is _____ day of _____, _____.

I hereby certify that the wording of this endorsement is identical to the wording specified in Tennessee Department of Environment and Conservation Rule 0400-12-01-.06(8)(p)9 as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in Tennessee.

(Signature of Authorized Representative of Insurer) _____
(Type name) _____
(Title), Authorized Representative of (Name of Insurer) _____
(Address of Representative) _____
