

§ 264.151 Wording of the instruments.

(e) A certificate of insurance, as specified in § 264.143(e) or § 264.145(e) or § 265.143(d) or § 265.145(d) of this regulation, must be worded as follows, except that instructions in brackets are to be replaced with the relevant information and the brackets deleted:

CERTIFICATE OF INSURANCE FOR CLOSURE OR POST-CLOSURE CARE

Name and Address of Insurer (herein called the “Insurer”): [redacted]

Name and Address of Insured (herein called the “Insured”): [redacted]

Facilities Covered: [List for each facility:

The EPA Identification Number [redacted], name [redacted], address [redacted], and the amount of insurance for closure [redacted], the amount for post-closure care, and/or the amount for corrective action (these amounts for all facilities covered must total the face amount shown below).]

Face Amount: [redacted]

Policy Number: [redacted]

Effective Date: [redacted]

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” or “corrective action” or “closure and post-closure care and corrective action” or “closure and corrective action” or “post-closure care and corrective action”] for the facilities identified above. The Insurer further warrants that such policy conforms in all respects with the requirements of APC&EC Regulation No. 23 § 264.143(e), 264.145(e), 265.143(d), and 265.145(d), 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.

The Insurer agrees to furnish to the 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 APC&EC Regulation No. 23 § 264.151(e) as such regulations were constituted on the date shown immediately below.

[Authorized signature for Insurer]

[Name of person signing]

[Title of person signing]

Signature of witness or notary:

[Date]