Hazardous Waste Facility Certificate of Liability Insurance

1. Name of Insurer, (the “Insurer”), of address of Insurer hereby certifies that it has issued liability insurance covering bodily injury and property damage to name of insured, (the “insured”), of address of insured in connection with the insured’s obligation to demonstrate financial responsibility under APC&EC Regulation No. 23 § 264.147 or 265.147. The coverage applies at:

Choose an item.

(EPA Identification Number)

(Name)

(Address)

$

(Amount)

Choose an item.

(EPA Identification Number)

(Name)

(Address)

$

(Amount)

Choose an item.

(EPA Identification Number)

(Name)

(Address)

$

(Amount)

The limits of liability are total dollar amount of annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number      , issued on Click here to enter a date.. The effective date of said policy is Click here to enter a date..

1. The insurer further certifies the following with respect to the insurance described in Paragraph 1:
2. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
3. 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 APC&EC Regulation No. 23 § 264.147(f) or 265.147(f).
4. Whenever requested by the Director of the Arkansas Department of Environmental Quality (ADEQ), the Insurer agrees to furnish to the Director for a signed duplicate original of the policy and all endorsements.
5. Cancellation of the insurance, 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 Director.
6. Any other termination of the insurance 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 Director.

I hereby certify that the wording of this endorsement is identical to the wording specified in APC&EC Regulation No. 23 § 264.151(j) 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 one or more States.

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Signature of Authorized Representative of Insurer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Authorized Representative & Name of Insurer

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Address of Representative