

STATE OF FLORIDA

SOLID WASTE MANAGEMENT FACILITY INSURANCE CERTIFICATE

The term "Required Action," as used in this document means closing, long-term care, or corrective action, or any combination of these, which is checked below.

Check Appropriate Box(es): Closing Long-Term Care Corrective Action

_____ (the "Insurer"),
Name of Insurer

of _____
Address of Insurer

_____ (the "Insured"),
Legal name of Owner or Operator

of _____
Address of Owner or Operator

List for each facility covered by this certificate: FDEP identification number (WACS or EPA ID), facility name and site address.
Include facility amounts (the amount for each facility covered by this policy) when more than one facility is covered by this policy.*
Facility amount equals face amount when not specified.

FDEP I.D. No.

Facility Name and Site Address

Face Amount*: \$ _____

Policy Number: _____

Policy Effective Date: _____

The Insurer hereby certifies that it has issued to the Insured the policy of insurance identified above to provide financial assurance for the Required Action(s) for the facilities identified above. The Insurer further warrants that such policy conforms in all respects with the requirements of 40 CFR 264.143(e), 264.145(e) and 264.146, as applicable, as adopted by reference in Rule 62-701.630 or 62-711.500, Florida Administrative Code (F.A.C.) and the requirements of Rule 62-701.630(6)(e), F.A.C. for the above specified financial assurance. It is agreed that any provision of the policy inconsistent with such regulations is hereby amended to eliminate such inconsistency.

* - Reductions of the Face Amount or any facility amount, in accordance with FDEP regulations, require prior written permission from the FDEP Tallahassee office. Authorization will be addressed to Insurer or Insurer's agent and will specify policy to be changed.

The Insurer guarantees that the policy provides for funding the standby trust established by the Insured upon written direction of the Secretary of the Florida Department of Environmental Protection (FDEP) or the Secretary's designee (the "designee") pursuant to the requirements of Rule 62-701.630(6)(e), F.A.C.

The insurance policy provides that after beginning partial or final Required Action(s), an owner or operator or any other person authorized to conduct Required Action(s) may request reimbursements for Required Action expenditures by submitting itemized bills to the FDEP Secretary or designee. Upon receiving written direction from the FDEP Secretary or designee, the Insurer shall make reimbursements or payments within 30 days up to the limits identified by 40 CFR Part 264 Subpart H and Rule 62-701.630(6)(e), F.A.C.

The Insurer guarantees that should it move to cancel, terminate, or fail to renew the policy, it shall comply with the requirements of 40 CFR 264.143(e) and/or 264.145(e), as applicable. Notice shall be sent by certified mail and must be received at least 120 days prior to the effective date of the cancellation, termination, or failure to renew.

Whenever requested by the FDEP Secretary or designee, the Insurer agrees to furnish to the FDEP Secretary or designee a duplicate original of the policy identified above, including all endorsements thereon.

The persons whose signatures appear below hereby certify that the wording of this certificate is identical to the wording as adopted and incorporated by reference in Rule 62-701.630(6)(a), F.A.C.



(SEAL▶)

Signature of Authorized Representative of Insurer

Type Name and Title

Address

E-mail Address

Telephone Number

Signature of Witness or Notary

Date

Printed Name of Witness or Notary Seal

SIGNATURE OF FLORIDA LICENSED INSURANCE AGENT



Signature of Licensed Florida Insurance Agent

Date



Type Name

License Number

Address

E-mail Address

Telephone Number

Insurer is Florida: Admitted Industrial Captive Surplus Lines Eligible
[Check Appropriate Box]