

**STATE OF FLORIDA**  
**HAZARDOUS WASTE FACILITY INSURANCE CERTIFICATE TO DEMONSTRATE**  
**FINANCIAL ASSURANCE**

**FOR**  
 Closure     Post-Closure    |     Corrective Action  
[Check Appropriate Box(es)]

The term "Required Action" as used in this document means closure, post-closure, or corrective action, or any combination of these, which is checked above.

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/DEP Identification Number, name, address, and the amount of insurance for "Required Action". Indicate "Required Action" amounts separately (these amounts for all facilities covered must total the face amount shown below).

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 the "Required Action"  
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), 265.143(d), and 265.145(d), as adopted by reference in Section 62-730.180, Florida Administrative Code (F.A.C.), 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 Secretary of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the FDEP Secretary a duplicate original of the policy listed above, including all endorsements thereon.

I hereby certify that the wording of this certificate is substantially identical to the wording specified in 40 CFR 264.151(e), as adopted by reference in Section 62-730.180, F.A.C., 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