Refe	eference:		
Facility name:		FDEP I.D. Number:	
Bank Name:		Letter of Credit Number:	
	Certificate of	Valid Claim	
The	he undersigned, as parties	er or Operator]	(hereinafter
the	ne "Principal") and		
	[Name of Th	ird Party Claimant(s)]	
(her	nereinafter the "Claimant(s)"),	(TI: ID + OI: W)	,
hora	ereby certify that the claim of bodily injury and/or property	damage caused by a	
	ereby certify that the claim of bodily injury and/or property		
acci	ccidental occurrence arising from the operations of the Pr	incipal's hazardous waste tre	atment, storage or
disp	isposal facility should be paid in the amount of \$ oes not apply to any of the following:	We h	ereby certify that the claim
(c)	compensation law or any similar law. Bodily injury to: (1) An employee of the Principal arising from, and in the course of, employment by the Principal; or (2) The spouse, child, parent, brother or sister of that employee as a consequence of, or arising from, and in the course of employment by the Principal. This exclusion applies: (A) Whether the Principal may be liable as an employer or in any other capacity; and (B) To any obligation to share damages with or repay another person who must pay damages because of the injury to persons identified in paragraphs (1) and (2).		
(d)	Bodily injury or property damage arising out of the ownership, maintenance, use or entrustment to others of any aircraft, motor vehicle or watercraft.		
(e)	Property damage to: (1) Any property owned, rented or occupied by the Principal; (2) Premises that are sold, given away or abandoned by if the property damage arises out of any part of those premises; (3) Property loaned to the Principal; (4) Personal property in the care, custody or control of the Principal; (5) That particular part of real property on which or any contractors or subcontractors working directly or indirectly on behalf of the Principal are performing operations, if the property damage arises out of these operations.		
	For the Claimant(s)	For the Principal	
	[Signature by Authorized Representative of Claimant(s)]	[Signature by Authorized Representa	itive of Principal]
	[Name and Title of Claimant(s)'s Authorized Representative]	[Name and Title of Principal's Author	ized Representative]
	[Claimant(s)'s Phone and/or E-mail Address]	[Principal's Phone and/or E-mail Add	ress]

Date signed]

Date signed