Certificate of Valid Claim

The undersigned, as parties	
	[Owner or Operator]
the "Principal") and	
• •	[Name of Third Party Claimant(s)]
(hereinafter the "Claimant(s)"),	
([Address of Third Party Claimant(s)]
hereby certify that the claim of bodily injury and/or	r property damage caused by a [insert "sudden" or "nonsudden"]
	of the Principal's hazardous waste treatment, storage or
disposal facility should be paid in the amount of \$ the claim does not apply to any of the following:	. We hereby certify that
the assumption of liability in a contract or agi	ne Principal is obligated to pay damages by reason of reement. This exclusion does not apply to liability for
	ed to pay in the absence of the contract or agreement. ers' compensation, disability benefits or unemployment
(c) Bodily injury to:	
(2) The spouse, child, parent, brother or sist and in the course of employment by the	
	as an employer or in any other capacity; and with or repay another person who must pay damages ntified in paragraphs (1) and (2).
	of the ownership, maintenance, use or entrustment to
(e) Property damage to:	
(1) Any property owned, rented or occupied(2) Premises that are sold, given away or a part of those premises;	d by the Principal; bandoned by if the property damage arises out of any
(3) Property loaned to the Principal;	
(4) Personal property in the care, custody of	or control of the Principal;
	which or any contractors or subcontractors working ncipal are performing operations, if the property damage
For the Claimant(s)	For the Principal
[Signature by Authorized Representative of Claimant(s)]	[Signature by Authorized Representative of Principal]
[Name and Title of Claimant(s)'s Authorized Representative]	[Name and Title of Principal's Authorized Representative]
[Claimant(s)'s Phone and/or E-mail Address]	[Principal's Phone and/or E-mail Address]
Date signed]	Date signed