



NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY

ENVIRONMENTAL GUIDANCE DOCUMENT

05-174i

August , 2005

Certificate of Insurance

40 CFR § 264.151 (e) A certificate of insurance, as specified in Sec. 264.143(e) or Sec. 264.145(e) or Sec. 265.143(d) or Sec. 265.145(d), must be worded as follows, except that instructions in brackets are to be replaced with the relevant information and the brackets deleted:

Certificate of Insurance for Closure or Post-Closure Care

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 NDEQ Identification Number, name, address, and the amount of insurance for closure and/or the amount for post-closure care (these amounts for all facilities covered must total the face amount shown below).*]

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 "closure" or "closure and post-closure care" or "post-closure care"*] 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 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 Director of the Nebraska Department of Environmental Quality (NDEQ), the Insurer agrees to furnish to the NDEQ Director a duplicate original of the policy listed above, including all endorsements thereon.

I hereby certify that the wording of this certificate is identical to the wording specified in 40 CFR 264.151(e) 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] _____

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