SOLID WASTE FACILITY

CERTIFICATE OF INSURANCE FOR CLOSURE AND/OR POST-CLOSURE CARE

INSERT Facility Name, Agency Interest Number, and Pemrit Number

Name and Address of Insurer: INSERT Name and Address of Insurer hereinafter called the "Insurer")

Name and Address of Insured: INSERT Name and Address of the Insured (hereinafter called the "Insured") (Note: Insured must be the permit holder or applicant)

Facilities covered: INSERT Facility Name, Site Name, Agency Interest Number, Site Identification Number, Facility Permit Number, Facility Address, and Amount of Insurance for closure and/or post-closure care (These amounts for all facilities must total the face amount shown below.)

Face Amount: INSERT the Face Amount

Policy Number: INSERT the Policy Number

Effective Date: Click here to enter a date.

The Insurer hereby certifies that it has issued to the Insured the policy of insurance identified above to provide financial assurance for Choose an item. for the facilities identified above. The Insurer further warrants that such policy conforms in all respects to the requirements of LAC 33:VII.1303, 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 administrative authority, the Insurer agrees to furnish to the administrative authority a duplicate original of the policy listed above, including all endorsements thereon.

I hereby certify that the Insurer is admitted, authorized, or eligible to conduct insurance business in the state of Louisiana and that the wording of this certificate is identical to the wording specified in LAC 33:VII.1399.Appendix H, effective on the date shown immediately below.

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Authorized signature for Insurer

INSERT Name of Person Signing

INSERT Title of Person Signing

Signature of witness or notary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click here to enter a date.