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State of Wisconsin
Department of Natural Resources
P.O. Box 7921, Madison WI 53707-7921
dnr.wi.gov

Certificate of Insurance for Closure or Long-Term Care

For Use by Hazardous Waste Facilities

Form 4430-026 (R 8/06)

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 Identification Number, name, address, and the amount of insurance for closure and/or the amount for long-term 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 * Select a type * _____

(insert "closure" or "closure and long-term care" or "long-term care")

for the facilities identified above. The Insurer further warrants that such policy conforms in all respects with the requirements of ss. NR 664.0143(5), 664.0145(5), 665.0143(4) and 665.0145(4), Wis. Adm. Code, 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 Wisconsin Department of Natural Resources (the Department), the Insurer agrees to furnish to the Department a duplicate original of the policy listed above, including all endorsements thereon.

_____

(Authorized signature for Insurer)

_____

(Name of person signing)

_____

(Title of person signing)

_____

(Signature of witness or notary)