CERTIFICATE OF INSURANCE FOR CLOSURE OR
POST-CLOSURE CARE

Name and Address of Insurer

(herein called the "Insurer"): INSERT Name and Address of Insurer

Name and Address of Insured

(herein called the "Insured"): INSERT Name and Address of Insured

Facilities Covered: List for each facility: EPA 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: $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 with the requirements of LAC 33:V.3707.E, 3711.E, 4403.D, and 4407.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 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 wording of this certificate is identical to the wording specified in LAC 33:V.3719.E as such regulations were constituted on the date shown immediately below and that Insurer is authorized to conduct insurance business in the State of Louisiana.

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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.