

Kentucky Department for Environmental Protection
Division of Waste Management
Solid Waste Branch
300 Sower Boulevard, Second Floor
Frankfort, KY 40601
(502) 564-6716

CCR Facility Certificate of Insurance

FOR OFFICIAL USE ONLY. DO NOT WRITE IN THIS SPACE

1. Agency Interest Number (AI):

2. Permit Number *if applicable*:

3. Insurer Information

Insurer Name:

Mailing Address:

City:

State:

Zip Code:

Contact Person:

Title:

Phone Number: () -

Email Address:

Cell Number (optional): () -

Policy Amount:

Policy Number:

Issue Date: - -

4. Applicant (Insured) Information

Applicant (Insured) Name:

Mailing Address:

City:

State:

Zip Code:

Contact Person:

Title:

Phone Number: () -

Email Address:

Cell Number: () -

5. Facility Information

Facility Name:

Physical Address:

City:

State:

Zip Code:

6. Certificate of Insurance

, as the Insurer hereby certifies that it has issued to the Insured the policy of insurance identified above to provide a mechanism for financial assurance for . *(Insert "closure", "closure care" and/or "corrective action" for the facility identified above.)*

The Insurer further warrants that such policy conforms in all respects with the requirements of KRS 224 and 401 KAR Chapters 45, 46, 47 and 48, as applicable, as such regulation was 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 Energy and Environment Cabinet, the Insurer agrees to furnish to the Cabinet a duplicate original of the policy listed above, including all endorsements thereon.

The Insurer further agrees that unless expressly stated otherwise herein, the terms and obligations represented by this certificate of insurance shall be governed by the Uniform Commercial Code of the Commonwealth of Kentucky and/or any other pertinent Kentucky law.

Litigation concerning this certificate of insurance shall be taken to the Franklin Circuit Court, Commonwealth of Kentucky.

7. Certification

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that KRS 224.99-010 provides for penalties.”

Name of Signatory (*type or print*):

Title/Position:

Signature:

Date: / /

Subscribed and sworn to before me by:

Notary public signature:

My commission expires: / /

IMPORTANT NOTE: All information submitted on this form will be subject to public disclosure to the extent provided by Kentucky law.

Persons filing this form may make claims of confidentiality in accordance with 400 KAR 1:060.