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

FOR OFFICIAL USE ONLY. DO NOT WRITE IN THIS SPACE

CCR Facility Certificate of Insurance

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

"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.*