

Certificate of Insurance for final closure, post-closure care, corrective measures, or scrap tire transporter final closure

Name and address of insurer (Herein called the "insurer"):

Name and address of insured (Herein called the "insured"):

Solid waste facilities or scrap tire transporters covered:

Name:



Address:

City, State, Zip

County

Final Closure Cost: \$ _____

Post Closure Cost: \$ _____

Scrap Tire Transporter
final closure Cost: \$ _____

Corrective Measures Cost: \$ _____

Policy 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 “final closure”, [or] “final closure and post-closure care”, [or] “post-closure care”, [or] corrective measures, [or] “scrap tire transporter final closure” for the facilities or scrap tire transporters identified above. The insurer further warrants that such policy conforms in all respects with the requirements of paragraph (J) of rules 3745-27-15, 3745-27-16, and/or paragraph (K) of rule 3745-27-18 of the Administrative Code, as applicable as such rules 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 director of the Ohio Environmental Protection Agency, the insurer agrees to furnish to the director 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 paragraph (E) of rule 3745-27-17 of the Administrative Code as such rule was constituted on the date shown immediately below.



Authorized signature for insurer

Title of person signing

Name of person signing (Typed)

Signature of witness or notary

Date