\$_____

STATE OF FLORIDA SOLID WASTE MANAGEMENT FACILITY INSURANCE CERTIFICATE TO DEMONSTRATE FINANCIAL ASSURANCE

The term "Required Action," as used in this document means closing, long-term care, or corrective action, or any combination of these, which is checked below.

Check Appropriate Box(es): Closing Long-Term Care Corrective Action

				(the "Insurer"),
	Name of Insure	er		
of				
	Address of Insu	rer		
				(the "Insured"),
	Legal name of Owner o	r Operator		
of				
	Address of Owner or	Operator		
List for each facility of	covered by this certificate: FDEP identification number, name		rance for ea	ch "Required Action."
FDEP I.D. No.	Facility Name and Site Address	Required Action		Amount *
		Closing:	\$	
		Long-term Care:	\$	

Face Amount: \$ _____

Policy Number: _____

Policy Effective Date:

Corrective Action:

The Insurer hereby certifies that it has issued to the Insured the policy of insurance identified above to provide financial assurance for the Required Action(s) for the facilities identified above. The Insurer further warrants that such policy conforms in all respects with the requirements of 40 CFR 264.143(e) and/or 264.145(e), as applicable, as adopted by reference in Rule 62-701.630 or 62-711.500, Florida Administrative Code (F.A.C.) for the above specified financial assurance. It is agreed that any provision of the policy inconsistent with such regulations is hereby amended to eliminate such inconsistency.

 ^{* -} Reductions of any Required Action Amount, in accordance with FDEP regulations, require prior written permission from the FDEP Tallahassee office.
Authorization will be addressed to Insurer or Insurer's agent and will specify policy to be changed.

The insurance policy provides that after beginning partial or final closure, an owner or operator or any other person authorized to conduct closure may request reimbursements for closure expenditures by submitting itemized bills to the Secretary of the Florida Department of Environmental Protection (FDEP) or the Secretary's designee (the "designee"). Upon written direction from the FDEP Secretary or designee, the Insurer shall make reimbursements up to the limits identified by 40 CFR 264.143(e), 264.145(e) and 264.146, as applicable.

The Insurer guarantees that should it move to cancel, terminate, or fail to renew the policy, it shall comply with the requirements of 40 CFR 264.143(e) and/or 264.145(e), as appropriate. Notice shall be sent by certified mail and must be received at least 120 days prior to the effective date of the cancellation, termination, or failure to renew.

Whenever requested by the FDEP Secretary or designee, the Insurer agrees to furnish to the FDEP Secretary or designee, a duplicate original of the policy identified above, including all endorsements thereon.

The persons whose signatures appear below hereby certify that the wording of this certificate is identical to the wording as adopted and incorporated by reference in Rule 62-701.630(6)(a), F.A.C.

	(SEAL►)
Signature of Authorized Representative of Insurer	,
Type Name and Title	
Address	
Telephone Number E-mail Address	
Signature of Witness or Notary	Date
Printed Name of Witness or Notary Seal	
SIGNATURE OF FLORIDA LICENSED INSU	
Signature of Licensed Florida Insurance Agent	Date
Type Name	License Number
Telephone Number	
E-mail Address	
Insurer is Florida:	Check Appropriate Box]