

CDD Certificate of Insurance for Final Closure or Post-Closure Care

Insurer Information (herein called the insurer)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ -

Insured Information (herein called the insured)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ -

Construction and Demolition Debris facilities covered

Name: _____
Address: _____ County: _____
City: _____ State: _____ Zip: _____ -

Name: _____
Address: _____ County: _____
City: _____ State: _____ Zip: _____ -

Financial Information

Final Closure Cost: \$ _____
Post-Closure Care 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 [insert "final closure or post-closure care"] for the facilities identified above. The insurer further warrants that such policy conforms in all respects with the requirements of paragraph (F) of rule 3745-400-13 of the Administrative Code or paragraph (F) of rule 3745-400-18 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 licensing authority, the insurer agrees to furnish to the licensing 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 paragraph (E) of rule 3745-400-14 of the Administrative Code as such rule was constituted on the date shown immediately below.

Authorized Signature for Insurer: _____
Name of Person Signing: _____
Title of Person Signing: _____
Signature of Witness or Notary: _____
Date: _____ / _____ / _____