

# 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: \_\_\_\_\_ -

## Facilities Covered

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ -

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ -

## Financial Information (attach additional pages as needed)

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 insurance policy identified above to provide financial assurance for 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 insurance 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_