**Insurance**

If you use a certificate of insurance as specified in NDAC Subsection 33.1-20-14-07(4) it should be worded as follows, except that the instructions in brackets are to be replaced with the relevant information and the brackets deleted.

**CERTIFICATE OF INSURANCE FOR CLOSURE OR POST-CLOSURE CARE**

Name and address of insurer (hereinafter called the "INSURER"):

Name and address of Insured (hereinafter called the "INSURED"):

Facilities covered: [List each facility separately]

Facility Permit Number: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Closure cost estimate: $

Post-closure cost estimate: $

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 "closure" **or** "closure and post-closure care" **or** "post-closure care"] for the facilities identified above. The INSURER further warrants that such policy conforms in all respects with the requirements of North Dakota Administrative Code (NDAC) Subsection 33.1-20-14-07(4), as applicable and as such regulations were constituted on the date shown immediately below. It is agreed that any provision of the policy inconsistent with such rules is hereby amended to eliminate such inconsistency.

When requested by the North Dakota Department of Environmental Quality (DEPARTMENT) the INSURER agrees to furnish to the DEPARTMENT a duplicate original of the policy listed above, including all endorsements thereon.

I hereby certify that the wording of this certificate meets the requirements specified in NDAC Subsection 33.1-20-14-07(4) 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]