

CERTIFICATE OF LIABILITY INSURANCE

(If additional space is needed, add attachment.)

Name of Insurer	Address Phone Number	CA Insurer License Number: Or NAIC Number:
Name of Insured	Address Phone Number	

Solid Waste Disposal Facilities Covered: (Enter Information for Each Facility)

LIMITS OF LIABILITY

Name	Address	Facility Information Number	Per Occurrence*	Annual Aggregate*
			TOTAL	TOTAL
Policy Number		Effective Date		

*Excluding legal defense costs and deductibles

INSURER CERTIFICATION:

1. The insurer hereby certifies that it has issued liability insurance covering bodily injury and property damage to the insured listed above in connection with the insured's obligation to demonstrate financial responsibility under Title 27, California Code of Regulations, Division 2, Subdivision 1, Chapter 6. The coverage applies to the above-listed facility(ies) for accidental occurrences, including exposures to pollution, arising from the operation of the facility(ies).

2. Indicate whether this coverage is primary or excess coverage.

3. The limits of liability are the amounts stated above for "per occurrence" and "annual aggregate", exclusive of legal defense costs. If an excess coverage insurance policy is being provided, complete the following sentence:

[\$ per occurrence and \$ annual aggregate in excess of the underlying limits of \$ per occurrence and \$ annual aggregate.]

4. The insurance coverage is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with sections (a) through (e) of this paragraph shall be amended to conform with sections (a) through (e):

(a) Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under the policy to which this certification applies.

(b) The insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement from the insured for any such payment made by the insurer. If another mechanism, as specified in Title 27, California Code of Regulations, Division 2, Subdivision 1, Chapter 6, is used to demonstrate coverage of the deductible, then this section does not apply.

(c) Upon request by the Department of Resources Recycling and Recovery (CalRecycle), the insurer agrees to furnish to CalRecycle the original policy and all endorsements.

(d) Cancellation or any other termination of this certificate, whether by the insurer, the insured, a parent corporation providing insurance coverage for its subsidiary, or by a firm having an insurable interest in and obtaining liability insurance on behalf of the operator of the solid waste disposal facility(ies), will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is sent by certified mail, and received by CalRecycle, as evidenced by the return receipt. (See exception, section (e))

(e) Cancellation due to non-payment of premiums is effective only upon written notice and only after the expiration of 10 days after the date on which the operator and CalRecycle have received the notice of termination, as evidenced by the return receipts.

The party below certifies and signs under penalty of perjury that the information in this document is true and correct to the best of his or her knowledge, and satisfies the requirements of Title 27, California Code of Regulations, Division 2, Subdivision 1, Chapter 6, and that the insurer is licensed by the California Department of Insurance to transact the business of insurance in the State of California as an admitted carrier or eligible excess or surplus lines insurer.

Signature of Individual Authorized to Sign on Behalf of Insurer	Title of Authorized Person
Typed or Printed Name of Person Signing	Date
Address of Person Signing	
Phone Number of Person Signing	

PRIVACY STATEMENT

The Information Practices Act (California Civil Code Section 1798.17) and the Federal Privacy Act (5 U.S.C. 552a(e)(3)) require that this notice be provided when collecting personal information from individuals.

AGENCY REQUESTING INFORMATION: California Department of Resources Recycling and Recovery (CalRecycle).

UNIT RESPONSIBLE FOR MAINTENANCE OF FORM: Financial Assurances Section, California Department of Resources Recycling and Recovery (CalRecycle), 1001 I Street, P.O. Box 4025, Sacramento, California 95812-4025. Contact the Manager, Financial Assurances Section, at (916) 341-6000.

AUTHORITY: Public Resources Code section 43600 et seq.

PURPOSE: The information provided will be used to verify adequate financial assurance of solid waste disposal facilities listed.

REQUIREMENT: Completion of this form is mandatory. The consequence of not completing this form is denial or revocation of a permit to operate a solid waste disposal facility.

OTHER INFORMATION: After review of this document, you may be requested to provide additional information regarding the acceptability of this mechanism.

ACCESS: Information provided in this form may be provided to the U.S. Environmental Protection Agency, State Attorney General, Air Resources Board, California Department of Toxic Substances Control, Energy Resources Conservation and Development Commission, Water Resources Control Board, and California Regional Water Quality Control Boards. For more information or access to your records, contact the California Department of Resources Recycling and Recovery (CalRecycle), 1001 I Street, P.O. Box 4025, Sacramento, California 95812-4025, (916) 341-6000.