

CERTIFICATE OF SELF-INSURANCE AND RISK MANAGEMENT

(If additional space is needed, add attachment.)

Operator	Address
Risk Manager	Address (if different from above)

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

LIMITS OF LIABILITY

Name	Address	Facility Information Number	Per Occurrence*	Annual Aggregate*
			TOTAL	TOTAL

*Excluding legal defense costs

CERTIFICATION:

1. The operator and risk manager named above hereby certify that the facilities listed above are self-insured for third party bodily injury and property damage in connection with the operator'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 operations of the facility(ies).

2. The limits of liability are the amounts stated above for "per occurrence" and "annual aggregate", exclusive of legal defense costs.

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

4. Upon request by the Department of Resources Recycling and Recovery (CalRecycle), the operator agrees to furnish to CalRecycle any documents pertinent to this coverage.

5. Termination of this coverage, will be effective only upon written notice, sent by certified mail, and only after the expiration of 60 days after a copy of such written notice is received by CalRecycle, as evidenced by the return receipt.

The parties below certify and sign 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.

Operator's Signature	Title
Typed or Printed Name of Person Signing	Date
Risk Manager's Signature	Title
Typed or Printed Name of Person Signing	Date
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.