

CERTIFICATE OF SELF-INSURANCE AND RISK MANAGEMENT

(If additional space needed, add attachment.)

Operator:	Address:
Risk Manager:	Address (if different from above):

Major Waste Tire Facilities Covered: (Enter Information for Each Facility)			LIMITS OF LIABILITY	
Name:	Address:	Major Waste Tire Facility Information Number	Per Occurrence:*	Annual Aggregate:*
			Total:	Total:
Policy Number:			Effective Date:	

*Excluding legal defense costs and deductibles

INSURER CERTIFICATION:

1. The operator and risk manager named above hereby certify that the facility(ies) 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 14, California Code of Regulations, Division 7, Chapter 6, Article 10. 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. Upon request by CalRecycle or its designee, the operator agrees to furnish to CalRecycle or its designee 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 or its designee, as evidenced by the return receipt.

The parties below certify and sign under penalty of perjury under the laws of the State of California that the information in this document is true and correct to the best of his or her knowledge, and that this document is being executed in accordance with the requirements of Title 14, California Code of Regulations, Division 7, Chapter 6, Article 10, Section 18492.

Signature of Individual Authorized to Sign on Behalf of the Operator:	Title:
Typed or Printed Name of Person Signing:	Date:
Phone Number of Person Signing:	
Risk Manager's Signature:	Title:
Typed or Printed Name of Person Signing:	Date:
Phone Number of Person Signing:	

PRIVACY STATEMENT

This information is requested by the Department of Resources Recycling and Recovery (CalRecycle) under Title 14, California Code of Regulations, Division 7, Chapter 6, Article 10, Section 18492, in order to verify adequate financial assurance of major waste tire facilities. Completion of this form is mandatory. The consequence of not completing the form is denial or revocation of a permit to operate a major waste tire facility. Information 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 Department of Resources Recycling and Recovery (CalRecycle), 1001 I Street, P.O. Box 4025, Sacramento, California 95812-4025, (916) 341-6000.