CERTIFICATE OF INSURANCE FOR CLOSURE OR POST-CLOSURE CARE

Name and Address of Insurer

*(herein called the "Insurer"):*

Name and Address of Insured

*(herein called the "Insured"):*

Facilities Covered: *[List for each facility: The Solid Waste Section Permit Number, name, address, and the amount of insurance for closure or the amount for post-closure care (these amounts for all facilities covered shall total the face amount shown below).]*

Face Amount: *[insert dollar amount of face value]*

Policy Number: *[insert insurance policy number]*

Effective Date: *[insert 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 40 CFR 258.74(d) (July 1, 2010 edition) and 15A NCAC 13B .1805, 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 regulations is hereby amended to eliminate such inconsistency.

Whenever requested by the North Carolina Division of Waste Management (Division), the Insurer agrees to furnish to the Division 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 15A NCAC 13B .1806(5) as were 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]*