

121582

CERTIFICATE OF INSURANCE FOR CLOSURE AND/OR POST-CLOSURE CARE

For Information Purposes Only

Name and Address of Insurer (herein called the "Insurer"):

Indian Harbor Insurance Company
505 Eagleview Blvd., Suite 100, Dept: Regulatory
Exton, PA 19341

Name and Address of Insured (herein called the "Insured"):

FACILITY COVERED:

EPA IDENTIFICATION
NUMBER:

SWR REGISTRATION NO:

PERMIT NO:

Closure Limit:

Post-Closure Limit:

Compliance Plan:

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 closure for the facility identified above.

Whenever requested by the Executive Director of the Texas Natural Resource Conservation Commission ("TNRCC"), the Insurer agrees to furnish to the TNRCC, Executive Director a duplicate original of the policy listed above, including all endorsements thereon.

TEXAS DEPARTMENT OF INSURANCE
AUSTIN, TEXAS
APPROVED
JUN 22 2012

121582

(Signature of Authorized Representative of Insurer)

Date: _____

Authorized Representative of Indian Harbor Insurance Company

(Witness of Notary Signature)

Date: _____

SEAL

TEXAS DEPARTMENT OF INSURANCE
AUSTIN, TEXAS
APPROVED
JUN 22 2012