Missouri specific wording template for certificate of insurance

for closure and/or post-closure care.

Replace wording in brackets and italics as instructed

*Wording is similar to 40 CFR 264.151(e)*

 **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: ***[FOR EACH FACILITY LIST THE EPA AND STATE IDENTIFICATION NUMBER, NAME, ADDRESS, AND THE AMOUNT OF INSURANCE FOR CLOSURE AND/OR, POST-CLOSURE CARE]***

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 ***[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 10 CSR 25-7.264 and 10 CSR 25-7.265, 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 Director of the Missouri Department of Natural Resources, the Insurer agrees to furnish to the Director 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 10 CSR 25-7.264 and 10 CSR 25-7.265 as such regulations were constituted on the date shown immediately below.

***[Authorized signature for Insurer]***

**[Type name of person signing]**

**[Title of person signing]**

Signature of witness or notary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[Date]***