

CERTIFICATE OF INSURANCE FOR OPERATION, MAINTENANCE AND MONITORING  
and ENFORCEMENT COSTS OF ANY INSTITUTIONAL OR ENGINEERING  
CONTROL(S)

Name and Address of Insurer (hereinafter called the “Insurer”):

Name and Address of Insured (hereinafter called the “Insured”):

Facilities Covered:

[List for each site: DER Site ID #, names, addresses, and the amount of insurance for facility operation, maintenance and monitoring and enforcement costs (these amounts for all sites covered must total the face amount shown below.)]

Face Amount:

\_\_\_\_\_  
Policy Number:

\_\_\_\_\_  
Effective Date:

\_\_\_\_\_  
Expiration Date:

\_\_\_\_\_  
The insurer certifies that it has issued to the Insured the policy of insurance identified above to provide financial assurance [insert “for site operation, maintenance and monitoring and/or Enforcement Costs of any Institution or Engineering Controls” or such other language, upon written approval of the Commissioner, which limits or reduces the extent of the activities covered] for the sites identified above. The Insurer further warrants that the policy conforms in all respects to the requirements of 6 NYCRR Part 375 *et seq.*, 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 Commissioner of the New York State Department of Environmental Conservation (hereinafter referred to as the “Commissioner”), the Insurer agrees to furnish to the Commissioner 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 by the NYS DEC on \_\_\_\_\_ (date).

[Insert Authorized Signature for Insurer]

\_\_\_\_\_  
[Insert Name of Person Signing]

[Insert Title of Person Signing]

Sworn to before me this

day of

.  
Notary Public

(ACKNOWLEDGMENT BY TRUSTEE, IF A CORPORATION)

STATE OF:

: SS.:

COUNTY OF:

On this

day of

,

, before me personally came

, to me known, who, by me duly sworn, did depose and say that (s)he resides in

; that (s)he is the

of

, the corporation described in and which executed the within Trust Agreement; that (s)he knew the seal of said corporation; that the seal affixed to said instrument was such corporate seal; that it was so affixed by order of the board of directors of said corporation, and that (s)he signed his/her name thereto by like order.

Notary Public

(ACKNOWLEDGMENT BY SETTLOR/OWNER OPERATOR, UNLESS IT BE A CORPORATION)

STATE OF:

: SS.:

COUNTY OF:

On this

day of

,

, before me personally came

, to me known and known to me to be the person(s) described in and who executed the within Trust Fund Agreement and acknowledged that (s)he executed the same.

Notary Public

(ACKNOWLEDGMENT BY SETTLOR/OWNER OPERATOR, IF A CORPORATION)

STATE OF:

: SS.:

COUNTY OF:

On this

day of

,

, before me personally came

, to me known, who, by me duly sworn, did depose and say that (s)he resides in

; that (s)he is the

of

, the corporation described in and which executed the within Trust Agreement; that (s)he knew the seal of said corporation; that the seal affixed to said instrument was such corporate seal; that it was so affixed by order of the board of directors of said corporation, and that (s)he signed his/her name thereto by like order.

Notary Public