



DEPT. OF ENVIRONMENT AND ENERGY

This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

05-175O-a1

Revised September, 2021

[Name of Insurance Company]

**CERTIFICATE OF INSURANCE
for
Closure and/or Post-Closure Care**

Insurer: *[Name & Address]* _____
(herein called the "Insurer")

Insured: *[Name & Address]* _____
(herein called the "Insured")

Facilities Covered: *[Name & Address of Facility(ies)]* _____

Nebraska Permit Number(s): _____

Policy Face Amount: _____

Closure Amount: _____

Post-Closure Amount: _____

Policy Number: _____

Effective Date: _____

The Insurer hereby certifies that it has issued to the Insured the policy of the 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 the policy conforms in all respects with the requirements found in the Nebraska Administrative Code Title 132- Integrated Solid Waste Management Regulations, which is adopted under the authority of the Nebraska Environmental Protection Act, and the Integrated Solid Waste Management Act, as applicable, and as such laws and regulations were constituted on the date shown immediately below. It is agreed that any provision of the policy inconsistent with such laws and regulations is hereby amended to eliminate such inconsistency.

[Please insert the following paragraph into the Certificate of Insurance if the Insurer renews the Policy annually and uses a different policy number from the previous year's policy number]

The issuance of Policy Number [*new policy number*] _____ issued on [*Date*] by the Insured does not amend, or alter Policy Number [*previous year's policy number*] _____ issued on [*Date*], except for the amount of funds that are guaranteed for [*insert "closure" or "closure and post- closure care" or "post- closure care"*]. The change in policy number does not change, add, or modify any of the terms or conditions, or change the person(s) or entities to whom such coverage is afforded under Policy Number [*previous year's policy number*] _____. The only modification made by Policy Number [*new policy number*] _____ is to change the Policy Period and the Limit of Liability of the Declarations of the Policy.

Whenever requested by the Nebraska Department of Environment and Energy, the Insurer agrees to furnish to the Department a duplicate original of the policy listed above, including all endorsements thereon.

Authorized signature for Insurer

Title of Person Signing

Printed Name of person signing

Date

Signature of witness or notary:

Date