121582

CERTIFICATE OF INSURANCE

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 Physical and Mailing Address of Insured (herein called the "Insured"):

Facilities Covered: (list for each facility: The permit number, name, physical and mailing addresses, and the amount of insurance for closure, post closure, or corrective action (these amounts for all Facilities covered must total the face amount shown below.))

FACILITY COVERED:

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EPA ID Number:

MSW Permit Number

Name:

Address:

Closure Amount:

Post-Closure Amount:

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 facilities identified above.

TEXAS DEPARIMENT OF INSURANCE AUSTIN, TEXAS

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

(Signature of Authorized Representative of Insurer)

(Witness of Notary Signature)

Date:

Authorized Representative of Indian Harbor Insurance Company

Date: ____

SEAL

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TEXAS DEPARTMENT OF INSURANCE AUSTIN, TEXAS

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