

120970

ALAMO RECYCLE CENTERS STANDARD FORM CERTIFICATE OF INSURANCE
FOR CLOSURE, POST CLOSURE OR CORRECTIVE ACTION

Name and Address of Insurer:

Name and Mailing Address of Insured:

Facilities Covered:

Name of Facility: _____
Physical Address: _____
Mailing Address: _____
Amount of Insurance for Closure: _____
Permit #: _____

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, post closure, or corrective action for the facilities identified above. Whenever requested by the executive director of the Texas Commission on Environmental Quality, the Insurer agrees to furnish to the executive director a duplicate original of the policy listed above, including all endorsements thereon.

This certificate of insurance does not confer any rights or obligations other than the rights and obligations conveyed by the policy referenced on this form, and the terms of the policy control over the terms of the certificate of insurance.

AUTHORIZED SIGNATURE OF INSURER: _____

NAME OF PERSON SIGNING: _____

TITLE OF PERSON SIGNING: _____

SIGNATURE OF WITNESS OR NOTARY: _____

DATE: _____

TEXAS DEPARTMENT OF INSURANCE
JUL 03 2012