

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:**

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 DEPARTMENT OF INSURANCE  
AUSTIN, TEXAS  
APPROVED

**JUN 22 2012**

