V. Certificate of Insurance

A certificate of insurance, as specified in this chapter, may be worded as follows, except that instructions in brackets are to be replaced with the relevant information and the brackets deleted:

Certificate of Insurance for [corrective action, injection well plugging, post injection site care and site closure, and/or emergency and remedial response]

Name and Address of Insured (herein called the "insured"):_____
_____

Name and Address of Insurer (herein called the "insurer"):_____
_____

Injection Wells covered: [list for each well: The EPA Identification Number, name, address, and the amount of insurance for [corrective action, injection well plugging, post injection site care and site closure, and/or emergency and remedial response] (these amounts for all injection wells covered must total the face amount shown below).]_____
_____
_____

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 [corrective action, injection well plugging, post injection site care and site closure, and/or emergency and remedial response] for the injection wells identified above. The Insurer further warrants that such policy conforms in all respects with the requirements for the fulfillment of [corrective action, injection well plugging, post injection site care and site closure, and/or emergency and remedial response] obligations described at 40 CFR 146.84, 146.92, 146.93, and/or 146.94, respectively, 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.

The insurer may cancel the policy only for failure to pay the premium and by sending notice of cancellation by certified mail to the owner or operator and to the UIC Program Director for the area in which the injection well(s) is (are) located. EPA requires that cancellation not become final for 120 days beginning on the date of receipt of the notice of cancellation by the UIC Program Director, as evidenced by the return receipts.

Whenever requested by the UIC Program Director, the Insurer agrees to furnish to the UIC Program Director a duplicate original of the policy listed above, including all endorsements thereon.

[Authorized signature of Insurer]
[Name of person signing]
[Title of person signing]

[Signature of witness or notary:]
[Date]