STATE OF GEORGIA CERTIFICATION OF FINANCIAL RESPONSIBILITY

Source: §280.111(b) (11) (i) as adopted by GUST Rule 391-13-5

Note: This form must be submitted in addition to financial responsibility documentation on an annual basis.

	GA EPD Fac ID#:		
	hereby certifies	compliance with the requirements of Subpart H of 40 CFR	
Owner or Operator]			
	to demonstrate	financial responsibility (FR) under Subpart H of 40 CFR Pa	
		-	
		Local Government Financial Test	
	Surety Bond	Local Government Fund	
e of Insurance			
ier:			
[Firm, Guara	antor, Issuer, Issuing In	stitution, Surety(ies), Trustee or Owner or Operator]	
Mumbari	Daried of Cou	vorago, to	
	Period of Cov	verage: to	
[ii applicable]			
e following only as applicable [Requir	ed when Bond, Letter o	of Credit and Guarantees are used]:	
ıst Fund (SBTF) Trustee:			
	[Required when	Bond, Letter of Credit and Guarantees are used]	
ed into date:	Account no	umber:	
st used frequired for all Guarantee	sl: Form	completed	
	5] G.m <u>.</u>		
"Taking corrective action"	Caused by:	"Sudden accidental" releases	
"Compensating third-parties for		"Non-sudden accidental' releases	
, -	"	"Accidental" releases	
Witness or Notary]		[Signature of owner or operator]	
ness or Notary or Include Notary Seal]		[Name and title of owner or operator]	
	Owner or Operator] Incial assurance mechanism(s) used is follows: Inhanism (check all that apply): Inst Fund Test of Self-Insurance Insurance Insu	Owner or Operator or Operator or Oncial assurance mechanism (s) used to demonstrate of Stollows: In the stand stands of the stand of t	

Email: marci.schneider@dnr.ga.gov Telephone: 404.938.5902

Please include: ☐ Certification of Financial Responsibility Form P ☐ Applicable Form A – O ☐ Standby Trust Fund Form H when using Guarantee Form B, K, or L, Surety Bond Form E, or Letter of Credit Form F ☐ Self Insurance Form A when using Guarantee Form B ☐ Signed Insurance Policy when using Insurance Endorsement C or Certificate of Insurance Form D ☐ Schedule of Covered Storage Tanks with applicable retroactive dates - per 40 CFR 280.22 must be on or before one of the following: o The date of the most recent baseline assessment conducted or comparable site characterization as determined by the department. o The date of the underground storage tank system installation. o The earliest retroactive coverage date of the previous insurance policy or alternative financial responsibility mechanism. ☐ Additional Documents in References and Requirements Table * Please note that ACORDs, Declarations and Binders do not meet the requirements for demonstrating financial responsibility compliance. **Certificate of Financial Responsibility Guidance** ☐ Insured name on mechanism(s) must match owner/operator name of the tanks, must be a legal entity (government agency or sole proprietor) and must be one or more of the following: facility owner, tank owner, facility operator, or tank operator. ☐ "Name of Issuer" means the legal entity of the company providing the insurance, bond or guarantee, etc. Enter "self" if the owner or operator is providing a Financial Test or is using a Fund. If using a Guarantee, use the Grantor's name. ☐ "Mechanism Number" is applicable for the following: Insurance Endorsement (policy number) Certificate of Insurance (policy number) Performance Bond (surety bond number) Letter of Credit (letter of credit number) Trust Fund Agreement (account number) ☐ Boxed section is completed when a Bond, Letter of Credit, or Guarantee is used. Note: Guarantee will be the primary mechanism and the supporting (if required) financial test or fund information will go in the boxed section.

Document Checklist