**STATE OF GEORGIA**

**ENVIRONMENTAL PROTECTION DIVISION
LAND PROTECTION BRANCH**

**HAZARDOUS WASTE**

 **ENDORSEMENT**

**LIABILITY**

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage in connection with the insured's obligation to demonstrate financial responsibility under paragraph 391-3-11-.05 of Rules of the Georgia Department of Natural Resources, Environmental Protection Division. The coverage applies at **[list EPA Identification Number, name, and address for the facility]\*** for **[insert “sudden accidental occurrences,” “nonsudden accidental occurrences,” or “sudden and nonsudden accidental occurrences”]\*\***. The limits of liability are $  each occurrence and $  annual aggregate, exclusive of legal defense costs.

*\* [If coverage applies for multiple facilities, please add the EPA identification number, name, and address for each facility as an attachment, and reference the attachment herein]*

*\*\* [If coverage is for multiple facilities and the coverage is different for different facilities, indicate which facilities are insured for sudden accidental occurrences, which are insured for nonsudden accidental occurrences, and which are insured for both]*

2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (e) of this Paragraph 2 are hereby amended to conform with subsections (a) through (e):

1. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.
2. The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in paragraph 391-3-11-.05 of the Rules of the Georgia Department of Natural Resources, Environmental Protection Division.
3. The Insurer agrees to furnish to the EPD Director a signed duplicate original of the policy and all endorsements.
4. Cancellation of this endorsement, whether by the Insurer, the insured, a parent corporation providing insurance coverage for its subsidiary, or by a firm having an insurable interest in and obtaining liability insurance on behalf of the owner or operator of the hazardous waste management facility, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the EPD Director.
5. Any other termination of this endorsement will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the EPD Director.

Attached to and forming part of policy No. **[Insert number]** issued by **[Insert name of Insurer]**, herein called the Insurer, of **[Insert address of Insurer]** to **[Insert name of insured]** of **[Insert address]** this **\_\_\_\_\_** day of **\_\_\_\_\_\_\_**, 20**\_\_\_\_**. The effective date of said policy is **\_\_\_\_\_\_\_** day of**\_\_\_\_\_\_\_**, 20**\_\_\_\_**.

Any notice or other communication required by this certificate shall be deemed sufficient if sent by certified mail or overnight courier, return receipt requested, to the appropriate party at the following address:

 Insurer Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Insurer Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Insured Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Insured Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

EPD Director: Georgia EPD Director

Address: Georgia Department of Natural Resources

 Environmental Protection Division

 2 Martin Luther King Jr. Drive

 Suite 1054, East Tower

 Atlanta, Georgia 30334

 Attn: Land Protection Branch, Hazardous Waste

It shall be the responsibility of each party to notify the other parties in writing of any change to its address stated above.

I hereby certify that the wording of this endorsement satisfies the requirements of paragraph 391-3-11-.05 of the Rules of the Georgia Department of Natural Resources, Environmental Protection Division as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance in the State of Georgia, or eligible to provide insurance as an excess or surplus lines insurer according to the laws of the State of Georgia.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 [Name of Insurer]

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 [Signature of Authorized Representative of Insurer]

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 [Type name]

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 [Title], Authorized Representative of **[name of Insurer]**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[Address of Representative]