

STATE OF GEORGIA
CERTIFICATION OF FINANCIAL RESPONSIBILITY

Source: §280.111(b) (11) (i) as adopted by GUST Rule 391-3-15

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

Facility Name: _____ GA EPD Fac ID#: _____

[Owner or Operator]

hereby certifies compliance with the requirements of Subpart H of 40 CFR Part

280. The financial assurance mechanism(s) used to demonstrate financial responsibility (FR) under Subpart H of 40 CFR Part 280 is (are) as follows:

Type of Mechanism (check all that apply):

GUST Trust Fund	Letter of Credit	Local Government Bond Rating Test
Financial Test of Self-Insurance	Trust Fund	Local Government Financial Test
Guarantee	Standby Trust	Local Government Guarantee
Insurance Endorsement	Surety Bond	Local Government Fund
Certificate of Insurance		

Name of Issuer: _____
[Firm, Guarantor, Issuer, Issuing Institution, Surety(ies), Trustee or Owner or Operator]

Mechanism Number: _____ **Period of Coverage:** _____ **to** _____
[If applicable]

Complete the following only as applicable [Required when Bond, Letter of Credit and Guarantees are used]:

Standby Trust Fund (SBTF) Trustee: _____ [Required when Bond, Letter of Credit and Guarantees are used]
SBTF entered into date: _____ Account number: _____
Financial Test used [required for all Guarantees]: Form _____ completed

Covers:	“Taking corrective action”	Caused by:	“Sudden accidental” releases
	“Compensating third-parties for		“Non-sudden accidental” releases
	Bodily injury and property damage”		“Accidental” releases

[Signature of Witness or Notary]

[Signature of owner or operator]

[Name of Witness or Notary or Include Notary Seal]

[Name and title of owner or operator]

[Date]

[Telephone and email of owner or operator]

Please retain this form with your other compliance documents for inspection.

Questions may be directed to: Marci Schneider

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

Document Checklist

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.