

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
BUREAU OF WASTE MANAGEMENT  
Solid Waste Form 1400  
**Certificate of Insurance For  
Closure, Post-Closure or Corrective Action**

Certificate of Insurance, the "Certificate", issued by \_\_\_\_\_

\_\_\_\_\_,  
an insurance company organized and existing under the laws of the state of \_\_\_\_\_,  
referred to herein as the "Insurer", issued to \_\_\_\_\_,  
\_\_\_\_\_,  
referred to herein as the "Insured".

Insurer certifies that it has issued to Insured the policy of insurance identified as policy number \_\_\_\_\_  
\_\_\_\_\_.

providing insurance coverage effective on \_\_\_\_\_, \_\_\_\_\_, and terminating on \_\_\_\_\_, \_\_\_\_\_, for the purpose of providing funds for closure, post-closure care, or corrective action costs, or any combination of these, whenever such funds are required, in connection with Insured's ownership or operation of a Kansas solid waste disposal area or processing facility under provisions of K.S.A. 65-3401 *et. seq.*, and applicable rules and regulations. The insurance coverage is provided for the disposal area or processing facility identified following, and insures the costs of closure, post-closure care, or corrective action, or any combination of these, in the amounts appearing below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	Permit No.
Closure Cost Face Amount of Insurance:	\$ _____
Post-Closure Care Cost Face Amount of Insurance:	\$ _____
Corrective Action Cost Face Amount of Insurance:	\$ _____

Insurer certifies that the policy of insurance identified above conforms to the requirements of K.A.R. 28-29-2107, as such regulation was constituted on the effective date of this Certificate; and, that an originally signed copy of said insurance policy, together with all riders and endorsements, has been supplied to the Kansas Department of Health and Environment (KDHE).

Insurer hereby agrees that any provision of said insurance policy, or of any rider or endorsement, which is inconsistent with K.A.R. 28-29-2107, is hereby amended to eliminate the inconsistency.

Insurer has caused this Certificate to be signed by its duly authorized representative, and its corporate seal hereunder affixed and its signature attested, on the date appearing by the signature below.

**SIGNED FOR THE INSURANCE COMPANY**

/S/ \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Seal**

**Signature Attested by the Notary**