

**STATE OF FLORIDA**  
**HAZARDOUS WASTE FACILITY ENDORSEMENT**  
(Primary Policy)

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 40 CFR 264.147 or 265.147 as adopted by reference in Section 62-730.180, Florida Administrative Code (F.A.C.). The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____

for:  
\_\_\_\_\_ sudden accidental occurrences  
\_\_\_\_\_ nonsudden accidental occurrences  
\_\_\_\_\_ sudden and nonsudden accidental occurrences.

If coverage is for multiple facilities and the coverage is different for different facility(ies), indicate which facilities are insured for sudden accidental occurrences, which are insured for nonsudden accidental occurrences, and which are insured for both.

The limits of liability are \$ \_\_\_\_\_ each occurrence and \$ \_\_\_\_\_ annual aggregate in excess of the underlying limits of \$ \_\_\_\_\_ each occurrence and \$ \_\_\_\_\_ annual aggregate, exclusive of legal defense costs.

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):

- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.
- (b) 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 40 CFR 264.147(f) or 265.147(f), as adopted by reference in Section 62-730.180, F.A.C.
- (c) Whenever requested by the Secretary of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Secretary a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of this endorsement, whether by the Insurer or the insured, 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 Secretary of the FDEP.
- (e) Any other termination of this endorsement (e.g., expiration, non-renewal) 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 Secretary of the FDEP.

Attached to and forming part of policy No. \_\_\_\_\_ issued by

\_\_\_\_\_  
Name of Insurer  
herein called the Insurer, of \_\_\_\_\_ to

Address of Insurer

\_\_\_\_\_  
Name of Insured

\_\_\_\_\_  
Address of Insured

\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_. The effective date of said policy is \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Day Month Year Day Month Year

I hereby certify that the wording of this endorsement is substantially identical to the wording specified in 40 CFR 264.151(i), as adopted by reference in Section 62-730.180, F.A.C., as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states including Florida.

\_\_\_\_\_  
Signature of Authorized Representative of Insurer, who is a Resident Agent of Florida

\_\_\_\_\_  
Type Name Social Security Number

\_\_\_\_\_  
Title

**Authorized Representative of**

\_\_\_\_\_  
Name of Insurer

\_\_\_\_\_  
Address of Representative