

Reference:

Facility name: \_\_\_\_\_ FDEP I.D. Number: \_\_\_\_\_

Surety: \_\_\_\_\_ Bond Number: \_\_\_\_\_

## Certification of Valid Claim

The undersigned, as parties \_\_\_\_\_ (hereinafter  
[Principal]

the "Principal") and \_\_\_\_\_  
[Name of Third Party Claimant(s)]

(hereinafter the "Claimant(s)"), \_\_\_\_\_,  
[Address of Third Party Claimant(s)]

hereby certify that the claim of bodily injury and/or property damage caused by a \_\_\_\_\_  
[insert "sudden" or "nonsudden"]

accidental occurrence arising from the operations of the Principal's hazardous waste treatment, storage  
or disposal facility should be paid in the amount of \$ \_\_\_\_\_.

For the Claimant(s)

For the Principal

\_\_\_\_\_  
[Signature by Authorized Representative of Claimant(s)]

\_\_\_\_\_  
[Signature by Authorized Representative of Principal]

\_\_\_\_\_  
[Name and Title of Claimant(s)'s Authorized Representative]

\_\_\_\_\_  
[Name and Title of Principal's Authorized Representative]

\_\_\_\_\_  
[Claimant(s)'s Phone and/or E-mail Address]

\_\_\_\_\_  
[Principal's Phone and/or E-mail Address]

\_\_\_\_\_  
Witness or Notary

\_\_\_\_\_  
Witness or Notary

\_\_\_\_\_  
Date signed]

\_\_\_\_\_  
Date signed