

Name and Address of Covered Location:

BOB'S FUEL STATION
123 MAIN STREET
CITY, IA 50000

Policy Number: J12345-67890

Endorsement (if applicable): _____

Period of Coverage: 07/01/23 – 07/01/24

Name & Address of Insurer or Risk Retention Group:

BEST INSURANCE COMPANY
789 MAIN STREET
CITY, IA 50000

Name and Address of Insured:

BOBCO INC
456 MAIN ST
CITY, IA 50000

Certification:

- 1) **BEST INSURANCE COMPANY**, the Insurer, except for the nonpayment of premium or misrepresentation by the insured, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

Name & Address of the UST facility:

Bob's Fuel Station, 123 Main Str., City, IA 5000

Number of tanks

5

[If more than one instrument is used to assure different tanks at any one facility, for each tank covered by this instrument, list the tank identification number provided in the notification submitted pursuant to subrule 135.3(3) and the name and address of the facility]

for taking corrective action and compensating third parties for bodily injury and property damage caused by either sudden accidental releases or nonsudden accidental releases or accidental release in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy arising from operating the underground storage tank(s) identified above.

The limits of liability are **\$1,000,000** each occurrence and **\$2,000,000** annual aggregate limits of the Insurer's or Group's liability, exclusive of legal defense costs which are subject to a separate limit under the policy. This coverage is provided under **J12345-67890**. The effective date of said policy is **07/01/23**.

- 2) The Insurer further certifies the following with respect to the insurance described in subparagraph (1):
- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
 - The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third party, 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 under another mechanism or combination of mechanisms as specified in 567—136.6(455B) to 136.17(455B).
 - Whenever requested by the Director of the Iowa Department of Natural Resources, the Insurer agrees to furnish to the director a signed duplicate original of the policy and all endorsements.

NOTE:

This is an example of the required proof of insurance.

The Certificate of Insurance your insurance company provides must include the same language and/or language consistent with 567 IAC 136.8(2)(b)

- d) Cancellation or any other termination of the insurance by the Insurer except for nonpayment of premium or misrepresentation by the insured will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the insured. Cancellation for nonpayment of premium or misrepresentation by the insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.
- e) The insurance covers claims otherwise covered by the policy that are reported to the Insurer within six months of the effective date of cancellation or nonrenewal of the policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.
- f) The Insurer will notify the insured and any additional named insured of the six-month extended reporting expiration date as provided in paragraph 136.8(2)“b”(2)“5” in any written final cancellation or nonrenewal notice in accordance with rule 567—136.18(455B)
- g) Timely notice of a release and claim for coverage to the insurer by the Iowa Department of Natural Resources shall be deemed sufficient notice on behalf of the insured under the terms, conditions and exclusions of this policy. Notice by the department does not modify or enlarge the terms, conditions and exclusions of coverage but is only intended to preserve coverage to which the insured may otherwise be entitled under the policy.

I hereby certify that the wording of this instrument is identical to the wording in 567 subrule 136.8(2) “CERTIFICATE OF INSURANCE” 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.

Jane Smith

JANE SMITH
Manager
BEST INSURANCE COMPANY
789 MAIN STREET
CITY, IA 50000

CHECK YOUR CERTIFICATE

There are 7 items required in SECTION 2 for a claims made policy.

All 7 items must be represented on the certificate or it CANNOT BE ACCEPTED