Example of Certification of Insurance

COI required by 567 Iowa Administrative Code 136 & 40 CFR
Chapter I, Subchapter I, Part 280, Subpart H

Iowa Department of Natural Resources
Underground Storage Tanks
6200 Park Ave Ste 200
Des Moines IA 50321

Name:
[Insert name of each covered location]

Address:
[Insert name and address of each covered location]

Policy Number: **[Insert policy number]**

Endorsement (if applicable): _____

Period of Coverage: **[Insert current policy period]**

Address of **['Insurer' or 'Risk Retention Group']**:

INSURANCE REQUIREMENTS

This is an example of the format required for proof of insurance.

The Certificate of Insurance your insurance company provides must include the same language and/or language consistent with 40 CFR 280.97.

Name of Insured:
[Insert name]

Address of Insured:
[Insert address]

Certification:

1. **[Insert name of Insurer or Risk Retention Group]**, the **['Insurer' or 'Group']**, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

   Name & Address of the UST facility: Number of tanks

   [List the number of tanks at each facility and the name(s) and address(es) of the facility(ies) where the tanks are located. 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 40 CFR 280.22, or the corresponding state requirement, and the name and address of the facility.]

   for **[insert: "taking corrective action" and/or "compensating third parties for bodily injury and property damage caused by" either "sudden accidental releases" or "nonsudden accidental releases" or "accidental releases"; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; if coverage is different for different tanks or locations, indicate the type of coverage applicable to each tank or location]** arising from operating the underground storage tank(s) identified above.

   The limits of liability are **[insert the dollar amount of the "each occurrence" and "annual aggregate" limits of the Insurer's or Group's liability; if the amount of coverage is different for different types of coverage or for different underground storage tanks or locations, indicate the amount of coverage for each type of coverage and/or for each underground storage tank or location]**, exclusive of legal defense costs which are subject to a separate limit under the policy. This coverage is provided under **[policy number]**. The effective date of said policy is **[date]**.

2. The **['Insurer' or 'Group']** further certifies the following with respect to the insurance described in subparagraph (1):
   a. Bankruptcy or insolvency of the insured shall not relieve the **['Insurer' or 'Group']** of its obligations under the policy to which this certificate applies.
   b. 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 40 CFR 280.95-280.102 and 280.104-280.107.

c. Whenever requested by **[a Director of an implementing agency - in Iowa, this is the Director of the Iowa Department of Natural Resources]**, the **['Insurer' or 'Group']** agrees to furnish to the director a signed duplicate original of the policy and all endorsements.

d. Cancellation or any other termination of the insurance by the **['Insurer' or 'Group']** 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.

[Insert for claims made policies]

e. The insurance covers claims otherwise covered by the policy that are reported to the **['Insurer' or 'Group']** 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.

3. The Insurer hereby certified the following Iowa specific requirements:
   a. The Insurer will notify the insured and any additional named insured of the six- month extended reporting expiration date as provided in 136.3(1) in any written final cancellation or nonrenewal notice in accordance with 136.3 and 40 CFR 280.97 (2015).
   b. Notwithstanding any other requirement or limit in 40 CFR Chapter I, Subchapter I, Part 280, Subpart H (2015), 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 sections 1 and 2 of this instrument are identical to the wording in 40 CFR 97(b)(2) and section 3 provides notice of the regulations in Iowa Administrative Code 567 – 136 (455B) and that the **['Insurer' or 'Group']** 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'.]

[Insert Signature of authorized representative of Insurer]

[Signature of authorized representative of Insurer]
[Type name]
[Title], Authorized Representative of **[name of Insurer or Risk Retention Group]**
[Address of Representative]

CHECK YOUR CERTIFICATE

Insurance certificate must include 5 subparagraphs specified in 40 CFR 280.97 under Paragraph 2 and the two Iowa specific paragraphs required by IAC 567-136 (455B).