

Figure: 30 TAC §37.9052

### ENDORSEMENT

Name and Address of Insurer (herein called the "insurer"):

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Name and Physical and Mailing Addresses of Insured (herein called the "insured"):

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Additional Insured: Texas Commission on Environmental Quality  
Physical Address: 12100 Park 35 Circle, MC 214, Austin, TX 78753  
Mailing Address: MC 214, P.O. Box 13087, Austin, TX 78711-3087

Facilities covered: *List for each facility: The permit number, name, physical and mailing addresses, and the amount of insurance for closure, post closure, or corrective action. These amounts for all facilities covered must total the face amount shown below.*

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Face Amount:

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Policy Number:

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Effective Date:

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This endorsement certifies that the policy to which this endorsement is attached provides financial assurance for closure, post closure, or corrective action for the facilities identified above. The insurer further warrants that such policy conforms in all respects with the requirements of 30 Texas Administrative Code (TAC) §37.9050(f) (relating to Financial Assurance Mechanisms) and 30 TAC §37.9045(a)(5) (relating to Financial Assurance Requirements for Closure, Post Closure, and Corrective Action), as applicable, and as such regulations were constituted on the date shown immediately below. It is agreed that any provision of the policy inconsistent with such regulations is hereby amended to eliminate such inconsistency. This endorsement also covenants that the insurer shall not raise as a defense any provision of the policy that is inconsistent with the requirements of 30 TAC §37.9050(f) and 30 TAC §37.9045(a)(5).

Whenever requested by the Executive Director of the Texas Commission on Environmental Quality, the insurer agrees to furnish a duplicate original of the policy listed above, including all endorsements thereon.

We hereby certify that the wording of this endorsement is identical to the wording specified in 30 TAC §37.9052 (relating to Endorsement), as such regulations were constituted on the date shown immediately below. The undersigned insurer certifies that it is authorized to transact or be a surplus

lines insurer eligible to engage in the business of insurance in Texas and it has a minimum financial strength rating of "A" and a financial size category of "XV" as assigned by the A.M. Best Company.

(Authorized signature) Insurer:

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(Name of person signing)

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(Title of person signing)

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(Signature of witness or notary)

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(Date) \_\_\_\_\_