



## **ENERGY AND ENVIRONMENT CABINET**

**DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
DIVISION OF WASTE MANAGEMENT  
200 FAIR OAKS LANE, 2<sup>ND</sup> FLOOR  
FRANKFORT, KY 40601  
TELEPHONE NUMBER (502) 564-6716**

**Certificate of Insurance for Closure or Post-Closure  
Form DEP 6053-D (11/08)**

### GENERAL INFORMATION

1. ASSISTANCE – Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch at the address listed above, or by calling (502) 564-6716.
2. SUBMISSION – Please type or print legibly in permanent ink. Submit the original of the completed form to the Division of Waste Management at the address listed above. The document must be free of errors.





Whenever requested by the Energy and Environment Cabinet, the Insurer agrees to furnish to the Cabinet a duplicate original of the policy listed above, including all endorsements thereon.

This Certificate of Insurance shall be governed by and interpreted in accordance with the laws of the Commonwealth of Kentucky. Litigation concerning this Certificate of Insurance shall be taken to the Franklin Circuit Court, Commonwealth of Kentucky.

**Signature:** \_\_\_\_\_

**Type or print name:**

**Official Position:**

**Date:**     -     -

**Subscribed and sworn to before me by** \_\_\_\_\_  
**this the** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_.

**Notary Public, State-at-Large** \_\_\_\_\_

**My commission expires the** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_.

