



STATE OF MICHIGAN
DEPARTMENT OF
ENVIRONMENT, GREAT LAKES, AND ENERGY



**HAZARDOUS WASTE TRANSFER FACILITY AMENDATORY ENDORSEMENT
POLLUTION LEGAL LIABILITY - SUDDEN AND ACCIDENTAL**

This endorsement (the "Endorsement") changes the Pollution Legal Liability Policy (the "Policy") effective on the inception date of the Policy. This Endorsement is attached to the Policy to fulfill the insurance requirements of the State of Michigan Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, and R 299.9711 of the Michigan Administrative Code (MAC).

THIS FORM IS FOR USE WITH PRE-ACCEPTED POLICIES ONLY

INSURER:			INSURED:		
INSURER'S ADDRESS:			INSURED'S ADDRESS:		
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:
POLICY NUMBER:	POLICY PERIOD: FROM: TO:		PRE-ACCEPTED POLICY FORM NUMBER:		
COVERED FACILITY: (Attach additional page if necessary to list multiple Facilities covered)					
FACILITY NAME:			FACILITY ADDRESS:		
CITY:	STATE:	ZIP CODE:	EPA ID NUMBER:		

DEFINITIONS

As used in this Endorsement:

The term "Contaminant" means any hazardous waste defined in MAC R 299.9203, and any hazardous waste or hazardous constituent listed in Appendix VIII of Part 261 or Appendix IX of Part 264 of Title 40 of the Code of Federal Regulations; and

The term "Sudden and Accidental Occurrence" means the unintentional and unexpected discharge, dispersal, release, or escape of a contaminant in a noncontinuous and nonrepetitive manner, into or upon the land, the atmosphere, or any watercourse or body of water, which results in bodily injury or property damage.

DECLARATIONS

The insurance afforded with respect to Sudden and Accidental Occurrences is subject to all of the terms and conditions of the Policy provided however that any provisions of the Policy inconsistent with Sections A through E of this Endorsement are hereby amended to conform with Sections A through E.

- A. The limits of liability as respects bodily injury and property damage are provided in an amount not less than \$500,000.00 per occurrence with an annual aggregate of \$ _____, exclusive of legal defense costs.
- B. The following deductible per occurrence applies: (if none, so state) \$ _____ (not to exceed 5% of the per occurrence limit).
- C. A Notice of Violation or Order issued by the MDEQ or other environmental agency shall not be deemed in and of itself sufficient evidence of an insured's intentional, knowing, willful, or deliberate noncompliance with a legal requirement so as to preclude coverage under this Policy.
- D. The Insurer will provide the Waste and Hazardous Materials Division at the address below with at least 30 days advance written notice of cancellation, termination, or material change to the Policy which affects the coverage required by MAC R 299.9711. Such notices shall be provided no matter which party initiates the cancellation, termination, or material change, and whether or not nonpayment of premium is involved.
- E. The following are the only specific pre-existing soil and groundwater conditions (defined in the referenced assessments or reports) that are excluded from coverage under the Policy (Attach additional pages if necessary): _____

The Insurer hereby certifies that it has issued the Insured the Policy to provide financial assurance and responsibility for bodily injury and property damage caused by Sudden and Accidental Occurrences arising from operation of the covered facility(ies), that the policy form has been submitted to and accepted by the Waste and Hazardous Materials Division, Michigan Department of Environmental Quality, and that the Insurer is licensed to insure hazardous waste transporting activities, or is eligible to provide such insurance in the State of Michigan.

**Filing of this Endorsement is required
by Law (MAC R299.9711)**

Submit one original signed Endorsement to:

MATERIALS MANAGEMENT DIVISION
WARREN DISTRICT OFFICE
MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES & ENERGY
27700 DONALD COURT
WARREN, MICHIGAN 48092-2793

Name of Authorized Agent	
Street Address or PO Box	
City, State and Zip Code	
Signature of Authorized Agent	Date