



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
Materials Management Division

**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).

Policy Information

This form is for use with pre-accepted policies only.

Insurer: _____

Insurer’s Address: _____

City: _____ State: _____ ZIP Code: _____

Insured: _____

Insured’s Address: _____

City: _____ State: _____ ZIP Code: _____

Policy Number: _____ Policy Period: _____

Covered Facility

(Attach additional pages 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 F of this Endorsement are hereby amended to conform with Sections A through F.

- 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 EGLE 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 soil and groundwater conditions (defined in the referenced assessments or reports) that are excluded from coverage under the Policy (Attach additional pages if necessary):
- F. Except as provided in Section E above, no condition, provision, stipulation, limitation, or exclusion contained in the Policy, or any other endorsement thereon, or any violation thereof, shall relieve the insurer from liability or from the payment of any claim, within the stated limits of liability in this Endorsement, for bodily injury and property damage to a third party caused by a sudden and accidental occurrence.

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), 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)

Name of Authorized Agent: _____

Address or PO Box: _____

City: _____ State: _____ ZIP Code: _____

Signature of Authorized Agent

Date

Submittal Information

Submit one original signed Endorsement to:

Krista Hettich
KDO MMD
PO Box 30241
Lansing, MI 48909-7741

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.