State of Oregon
DEQ Department of Environmental Quality

DEQ Certificate of Financial Responsibility

Certificate of Insurance Form

Policy Information

Policy Number: _____

Endorsement (if applicable): _____

Period of Coverage (current policy period): _____

Policy Retroactive Date: _____

Name of Insurer or Risk Retention Group: _____

Address of Insurer or Risk Retention Group: _____

_____

Name of Insured: _____

Address of Insured: _____

_____

Insurance Limit of Liability: _____

Certification:

_____ (insurer or group) as identified above, hereby certifies that it has issued insurance covering the following facility/facilities and owner/operator:

(insert fillable section here)

For the cleanup costs and damages of pollution claims and the unlawful spill or release of oil, liquid fuel or hazardous material to the waters, lands or air of Oregon State; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy, including the following unique policy details arising from operating the facility identified above:

(insert fillable section here)

List the limits of liability and deductible or self-insured retention amounts exclusive of legal defense costs, which are subject to a separate limit under the policy[1]:

(insert fillable section here)

This coverage is provided under (insert fillable section here) (policy number). The effective date of said policy is (insert fillable section here).

The Insurer or Group further certifies the following with respect to the insurance described in Paragraph 1:

Bankruptcy or insolvency of the insured does not relieve the Insurer or Group of its obligations under the policy to which this certificate applies.

The Insurer or Group is liable for the payment of amounts within any deductible applicable to the policy to the provider of remedial action or a damaged third-party, with a right of reimbursement by the insured for any such payment made by the Insurer or Group. 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 OAR 340-300-0010.

Whenever requested by the Oregon Department of Environmental Quality (DEQ), the Insurer or Group agrees to furnish DEQ a signed duplicate original of the policy and all endorsements.

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 30 calendar 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 calendar days after a copy of such notice is received by the insured.

I hereby certify that the wording of this instrument is identical to the wording provided in the enclosed DEQ COFR Certificate of Insurance Form and that the Insurer or Group is authorized to sell insurance in Oregon under a certificate of authority issued by the Oregon State Insurance Commissioner or an eligible licensed surplus line broker.

[1] Enter the dollar amount of the “each occurrence” and “annual aggregate” limits of the Insurer’s or Group’s liability and deductible amount; if the amount of coverage is different for different types of coverage, indicate the amount of coverage for each type and coverage exclusive of legal defense costs, which are subject to a separate limit under the policy.

Authorized signature of insurer

Signature of authorized representative of insurer

Date

Print Name

Title

Authorized signature of insurer (if needed)

Authorized signature of insurer

Date

Print Name

Title

Submitting Party Information

Company name: _____

Contact name: _____

Phone Number: _____ Fax Number (if applicable): _____

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Responsible Party Information

Company name: _____

Contact name: _____

Phone Number: _____ Fax Number (if applicable): _____

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Non-discrimination statement

DEQ does not discriminate on the basis of race, color, national origin, disability, age, sex, religion, sexual orientation, gender identity, or marital status in the administration of its programs and activities. For translations or alternate formats, visit DEQ's Civil Rights and Environmental Justice page.