

Attachment M

Certificate of Insurance for Closure and Post-Closure Maintenance



LINDA S. ADAMS
SECRETARY FOR
ENVIRONMENTAL PROTECTION

CALIFORNIA INTEGRATED WASTE MANAGEMENT BOARD



ARNOLD SCHWARZENEGGER
GOVERNOR

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(916) 341-6000 • WWW.CIWMB.CA.GOV

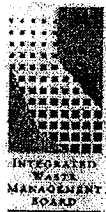
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March 1, 2007

Mr. Anthony M. Pelletier
West Region - Regional Engineer
Allied Waste Industries, Inc.
18500 North Allied Way
Phoenix, AZ 85054

RE: Current Financial Demonstrations for the Sunshine Canyon Extension and
Sunshine Canyon Landfills, Facility No.'s 19-AA-0853 and 19-AR-0002

Dear Mr. Pelletier,

The February 6, 2007 Certificate of Insurance (Certificate) for Closure and Postclosure Maintenance of Sunshine Canyon Extension Landfill, Facility No. 19-AA-0853 (County Landfill), and the Certificate for the postclosure maintenance costs of the Sunshine Canyon Landfill, Facility No. 19-AR-0002 (City Landfill) meet the requirements of Title 27, California Code of Regulations (CCR), Division 2, Subdivision 1, Chapter 6, section 22248. The amount of coverage matches the following cost estimates:

- For the County Landfill, the amended cost estimates from November 9, 2006 Preliminary Plan revisions:

Closure Cost Estimate: \$23,591,089

Postclosure Maintenance Cost Estimate: \$20,827,275

- For the City Landfill, from the Annual Inflation Report 2005 submitted by the operator on May 30, 2006:

Postclosure Maintenance Cost Estimate: \$22,466,298

Thank you for your cooperation. If you have any questions, please contact me at 916-341-6345 or send e-mail to njestreb@ciwmb.ca.gov.

Sincerely,

Nancy Jestreb
Nancy Jestreb, Specialist
Financial Assurances Section

See next page



Mr. Anthony M. Pelletier
West Region – Regional Engineer
Allied Waste Industries, Inc.
Page 2

E-mail: Ms. Christine Loch, Insurance Manager
Allied Waste Industries, Inc.

Mr. Peter Chung
Browning Ferris Industries of California, Inc.

Mr. Arturo Aguirre, Director, County of Los Angeles LEA

Mr. Wayne Tsuda, Director, City of Los Angeles LEA

Mr. Rod Nelson, California Regional Water Quality Control Board

Mr. William Marciniak, Permitting and Inspections Branch, CIWMB

Mr. Peter Jan, Closure and Technical Services, CIWMB



February 15, 2007

Ms. Nancy Jesterby
Specialist, Financial Assurances Section
California Integrated Waste Management Board
1001 I Street, MS-10A
Sacramento, CA 95814

RE: Revised Financial Assurance Instruments – Sunshine Canyon Extension Landfill 19-AA-0853,
Sunshine Canyon City Landfill 19-AR-0002

Ms. Jesterby,

Enclosed please find an updated Certificate of Insurance (COI) as requested in your letter of January 19, 2007, for the County Extension Landfill. Please note, that a new policy number is listed for the closure and post-closure amounts for the County Extension (PEC002249). Previously, the City and County Extension amounts were covered under the same policy (PEC000483203). However, due to the increase in funding required for Permit No. 19-AA-0853, an additional policy was required. The surplus line letters from the Brokers are in process, and will be forwarded to you under separate cover once completed.

Should you have further comments or questions, please let us know.

Sincerely,

Anthony M. Pelletier
Allied Waste Industries, Inc.
West Region - Regional Engineer

Attachments: COI – Policy PEC0022249 (County Extension, 19-AA-0853)
COI – Policy PEC000483203 (City Side, 19-AR-0002)

Cc: Dave Hauser, Sunshine Canyon Landfill
Peter Chung, Sunshine Canyon Landfill

**CERTIFICATE OF INSURANCE FOR
CLOSURE
POSTCLOSURE MAINTENANCE
REASONABLY FORESEEABLE CORRECTIVE ACTION**

If additional space is needed, add attachment.

Insurer Name Indian Harbor Insurance Company	Address: Seaview House, 70 Seaview Avenue Stamford, CT 06902-6040 Phone Number: 800-688-1840	CA Insurer License Number or NAIC Number: NAIC 36940
Insured Name Allied Waste Industries, Inc.	Address: 18500 North Allied Way Phoenix, AZ 85054 Phone Number: 480-627-2700	

Solid Waste Disposal Facilities Covered: (Enter closure, postclosure maintenance, and reasonably foreseeable corrective action amounts separately. If coverage is not offered, enter "N/A" as the amount. All amounts must total face amount.)

Name	Address	Solid Waste Disposal Facility Identification Number	Closure Insurance Amount	Postclosure Insurance Amount	Reasonably Foreseeable Corrective Action Amount
Sunshine Canyon Landfill Extension	14747 San Fernando Road San Fernando, CA 91342	19-AA-0853	\$23,591,089	\$20,827,275	N/A
Policy Number: PEC0022249		Effective Date: February 6, 2007	Face Amount: \$44,418,364		

INSURER CERTIFICATION

The insurer hereby certifies that it has issued to the insured the identified policy of insurance to provide financial assurance for Closure X, Postclosure Maintenance X, Reasonably Foreseeable Corrective Action ☐ (Check all that apply), for the facility(ies) identified above. The policy provides that monies identified in the face amount above will be available, as applicable, for the facility(ies) when needed. The term *face amount* means the total amount the insurer is obligated to pay under the policy. Actual payments by the insurer will not change the face amount, although the insurer's future liability will be lowered by the amount of the payments. The insurer further warrants that such policy conforms in all respects with the requirements of Division 30 of the Public Resources Code; Title 27 of the California Code of Regulations, Division 2, Subdivision 1, Chapter 6; and the regulations of the California Department of Insurance and under the terms and conditions described in Division 1 of the California Insurance Code for the facility(ies) identified above, as applicable and as such regulations were constituted on the date shown below. **It is agreed that any provision of the policy inconsistent with such regulations is hereby amended to eliminate such inconsistency.**

The insurance policy shall guarantee that funds will be available whenever insured activities occur. The policy shall also guarantee that once the insured activities begin, the insurer will be responsible for the paying out of funds to the operator or person authorized to conduct the insured activities, up to an amount equal to the face amount of the policy.

The insurance policy shall guarantee that disbursements for expenditures will be granted only if the remaining value of the policy is sufficient to cover the remaining approved applicable costs, and if the expenditures have been reviewed and approved in writing by the California Integrated Waste Management Board (CIWMB) or its designee.

Notwithstanding any other provisions of Division 30 of the Public Resources Code or Title 27 of the California Code of Regulations, Division 2, Subdivision 1, Chapter 6, if either partial or complete closure, postclosure maintenance or corrective action is ordered by the CIWMB or its designee as a result of failure by the operator or person authorized to conduct such activities, the insurance policy shall also guarantee that the insurer will be responsible for paying out funds to the CIWMB for deposit into a special account established by the CIWMB for closure of the facility. The insurance policy shall further guarantee that the insurer will, without delay, pay to the CIWMB the amount the CIWMB requests, up to an amount equal to the face amount of the insurance policy. CIWMB requests for payment will be based on current estimated expenses as determined by the CIWMB for closure, postclosure maintenance or corrective action activities. Any payments made by the insurer that exceed the actual expenses incurred in performing the insured activity will be repaid to the insurer at the completion of the insured activity.

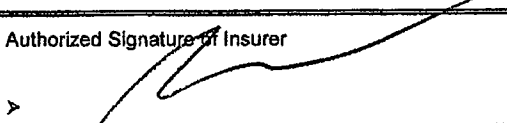
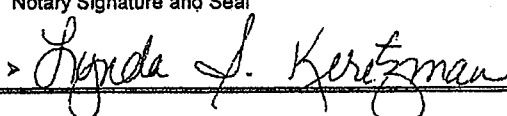
This insurance coverage allows assignment of the policy to a successor owner or operator. Such assignment may be conditional upon consent of the insurer, provided that such consent is not unreasonably refused.

The insurer further certifies that it will not cancel, terminate, or fail to renew this policy except for failure to pay the premium, and that the automatic renewal of the policy provides the insured with the option of renewal at the face amount of the expiring policy. If there is a failure to pay the premium and the insurer elects to cancel, terminate or not renew the policy, the insurer will send notice by either registered or certified mail to the operator and the CIWMB. Cancellation, termination, or failure to renew may not occur, however, during the one hundred twenty (120) days beginning with the date of receipt of the notice by the operator and the CIWMB, as evidenced by the return receipts. Cancellation, termination, or failure to renew will not occur and the policy will remain in full force and effect in the event that on or before the date of expiration:

- (1) The CIWMB or local enforcement agency deems the facility abandoned; or
- (2) The permit is terminated or revoked or a new permit is denied by the CIWMB or local enforcement agency; or
- (3) Closure is ordered by the CIWMB, or any other State or federal agency, or a court of competent jurisdiction; or
- (4) The operator is named as a debtor in a voluntary or involuntary proceeding under Title 11 (Bankruptcy) U.S. Code; or
- (5) All delinquent premium payments have been brought current.

If this policy is used in combination with another mechanism, this policy shall be considered primary ☒ or excess ☐ (check one) coverage. Whenever requested by the California Integrated Waste Management Board of the State of California, the insurer agrees to furnish to the CIWMB a certified copy of the original policy listed above, including all endorsements thereon.

The party below certifies and signs under penalty of perjury that the information in this document is true and correct to the best of his or her knowledge, and satisfies the requirements of Title 27, California Code of Regulations, Division 2, Subdivision 1, Chapter 6, and that the Insurer is licensed by the California Department of Insurance to transact the business of insurance in the State of California as an ☐ admitted carrier or ☒ eligible excess or surplus lines insurer.

Authorized Signature of Insurer 	Title Assistant Vice President
Typed or Printed Name of Person Signing > Mark Vuono	Phone Number 800-327-1414
Notary Signature and Seal 	Date 2/13/07

Privacy Statement

The Information Practices Act (California Civil Code Section 1798.17) and the Federal Privacy Act (5 U.S.C. 552a(e)(3)) require that this notice be provided when collecting personal information from individuals.

AGENCY REQUESTING INFORMATION: California Integrated Waste Management Board.

UNIT RESPONSIBLE FOR MAINTENANCE OF FORM: Financial Assurances Section, California Integrated Waste Management Board, 1001 "I" Street, P.O. Box 4025, Sacramento, California 95812-4025. Contact the Manager, Financial Assurances Section, at (916) 341-6000.

AUTHORITY: Public Resources Code section 43600 et seq.

PURPOSE: The information provided will be used to verify adequate financial assurance of solid waste disposal facilities listed.

REQUIREMENT: Completion of this form is mandatory. The consequence of not completing this form is denial or revocation of a permit to operate a solid waste disposal facility.

OTHER INFORMATION: After review of this document, you may be requested to provide additional information regarding the acceptability of this mechanism.

ACCESS: Information provided in this form may be provided to the U.S. Environmental Protection Agency, State Attorney General, Air Resources Board, California Department of Toxic Substances Control, Energy Resources Conservation and Development Commission, Water Resources Control Board, and California Regional Water Quality Control Boards. For more information or access to your records, contact the California Integrated Waste Management Board, 1001 "I" Street, P.O. Box 4025, Sacramento, California 95812-4025, (916) 341-6000.

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Lynda S. Kerezman, Notary Public
 Uwchlan Twp., Chester County
 My Commission Expires June 19, 2008
 Member, Pennsylvania Association Of Notaries

**CERTIFICATE OF INSURANCE FOR
CLOSURE
POSTCLOSURE MAINTENANCE
REASONABLY FORESEEABLE CORRECTIVE ACTION**

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Name	Address	Solid Waste Disposal Facility Identification Number	Closure Insurance Amount	Postclosure Insurance Amount	Reasonably Foreseeable Corrective Action Amount
Sunshine Canyon Landfill	14747 San Fernando Road San Fernando, CA 91342	19-AR-0002	\$0	\$22,466,298	N/A
Policy Number: PEC000483203		Effective Date: February 6, 2007	Face Amount: \$22,466,298		

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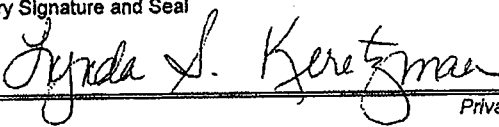
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The party below certifies and signs under penalty of perjury that the information in this document is true and correct to the best of his or her knowledge, and satisfies the requirements of Title 27, California Code of Regulations, Division 2, Subdivision 1, Chapter 6, and that the insurer is licensed by the California Department of Insurance to transact the business of insurance in the State of California as an ☐ admitted carrier or ☒ eligible excess or surplus lines insurer.

Authorized Signature of Insurer 	Title Assistant Vice President
Typed or Printed Name of Person Signing Mark Vuono	Phone Number 800-327-1414
Notary Signature and Seal 	Date 2/13/07

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COMMONWEALTH OF PENNSYLVANIA

Notarial Seal

Lynda S. Keretzman, Notary Public

Uwchlan Twp., Chester County

My Commission Expires June 19, 2008