INSURANCE CHECKLIST) LDH ,'					
Facility / Instrument Information				Outstanding Issues / Follow-up					
2 SHJDARU1 DP H							·		
) DFLOON/1 DP H									
) DFLOW									
,QVXUDQFH & RP SDQ\									
3 RODF∖1 XP EHU									
3 HJP LM7\SH ☐ Individual ☐ Area									
3 HUP LW									
Coverage: Single or Multiple V									
& RYHUDJH7\SH Single		Multiple							
&RW(WLPDWH Required	L	Not Required							
: HOO&ODWHV ☐ ,1RQ+D]	DUGRXV ,+D]DUGRXV				,,,	,9 [□ 9 □ 9,	
	Origi	inal	Rev	ision	Revi	ision	Rev	ision	
1 XP EHURI: HODY <u></u> DNM									
& RW(WAPDAH9DOXH'DAH									
7 RVDO IDELOUV									
) DFH 9 DOXH									
(IIHFVIZH' DVM									
([SLLDMARQ'DNM									
) DFH 9 DOXH 7 RWDO 'LDELODW	Yes	☐ No	Yes	☐ No	Yes	☐ No	Yes	☐ No	
Total liability should equal the sum of t	he cost estimate an	d all other liabilities	currently met using	g the insurance polic	cy, including CERC	LA and RCRA			
Issuing Institution Qualificatio	ns								
/ LEHQVHG VR WIDQVDFVVMH EXVLQHV		RUHQJIEGHVR SL	RYIGH IQVXUDQFI	HDVDQH FHW					
RUVXU\$XXV (IIQHV I.QVXUHUIQ RQH RUP RUH WIIXM)				Yes No					
1 RVMV									
	2 WULCDO9	DOXH! DWM	5 H)	IMRQ	5 HY	MRQ	5 HY	1MRQ	
& UHGLW6 DMQJ 9 DOXH ' DMH									
%ROGS DMAD 9 DXH_DMM									
Minimum bond and credit rating standards - Moody's (Aaa, Aa, A, Baa) or S&P (AAA, AA, A, BBB)									
S&P: ZZZ WNQCDUEDQCSRRUV FRP FDIC ZZZ IQE JRY Moody's: ZZZ PRRQ, V FRP Instrument Provisions 'RHV WCH IQAWXP HQWP HHWRCH IR@BZ IQJ SURYIMRQV'									
6 SHFILLEY FROQUIDEQUIZ IQUI RQ WAH LQXXXXP HQXHHJ IDLQXUH WE SURSHLOD FORVH DQG SQXU Z HQQY Yes No									
/ DQJXDJH FRQALANIQAZILIKI) HGHU	DOJHTXILIHP HOW	UHFRP P HQGDV	IROV			163			
& HUNNUFDNH RI, QVXUDQFH IRU& (0	5 * XICDOFH Yes No								
/DQJXDJHFRQMMMQWZLUKKIRUPS	☐ Yes ☐ No								
3 RODE\ VSHEIJIHV SD\ P HOWRI IXOG	_								
3 RODF, VSHFILLHV SD\P HQVRI IXQGV LQ FRP SODDQFH Z LVK 0 LVFHOODQHRXV 5 HFHLSW \$ FW', 3 URJ UDP V Yes No \$ GGLVBRQDO8 URYLMRQV RU) XUMKHU' HMFUISVURQ, (Customize to regulatory agency and well type):									
☐ Yes ☐ No									
Yes No									
☐ Yes ☐ No									
☐ Yes ☐ No									
☐ Yes ☐ No									
Yes No									
Accompanying Documentation ' RHV WH ILD FROMO "									
☐ & HUNULEDUM RI, QUXUDQFH ☐ 6 FKHCXON RI & RYHUHG: HOOV COP HV DQG ORFDWRQV ☐									
□ 6 FKHGXUHRI&RYHUHG: H	OU CUPHVDQG(BY-DVIKQV							

File Review Information Reviewer Date of Review Additional Notes							
Reviewer	Date of Review	Additional Notes					
ROTIONOL	Date of Iterion	Additional Notes					
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