

AMMONIA CODE OF PRACTICE

CONFIRMATION OF COVERAGE FORM–PROTOCOL I1

Page 1 of 2

To be provided to Authorized Auditor as part of compliance documentation and a copy forwarded with the audit to the administrator's office.

1. Insurer A		Insurer B		Insurer C	
Name of Insurer:		Name of Insurer:		Name of Insurer:	
Address of Insurer:		Address of Insurer:		Address of Insurer:	
Postal Code:		Postal Code:		Postal Code:	
Tel:		Tel:		Tel:	
2. Company				3. Agent/Broker	
Name of Insured:				Name of Agent/Broker:	
Address of Insured:		Postal Code:		Address of Agent/Broker:	
Covered Location:				Postal Code:	
Policy Number:	Certificate Number:	Policy Period:		Tel:	
Ammonia Code Compliance #:					

Coverage type	Insurer	\$ Coverage	\$ Deductible	\$ Policy Aggregate
Environmental Impairment Liability (on site)	(A, B or C)	Minimum \$1,000,000	Max \$25,000	Minimum \$1,000,000/occurrence
Environmental Impairment Liability (off site)	(A, B or C)	Minimum \$1,000,000	Max \$25,000	Minimum \$1,000,000/occurrence
Owned Automobile Liability	(A, B or C)	Minimum \$5,000,000	Max \$25,000	Minimum \$5,000,000/ occurrence
Non-Owned Automobile Liability	(A, B or C)	Minimum \$5,000,000	Max \$25,000	Minimum \$5,000,000/ occurrence
Comprehensive General Liability	(A, B or C)	Minimum \$5,000,000	Max \$25,000	Minimum \$5,000,000/ occurrence

The undersigned warrants that he or she has reviewed the Anhydrous Ammonia Code of Practice insurance protocol; that the coverage represented above is in conformity with the required coverage limits and permitted deductibles.

It is further understood and agreed that the undersigned undertakes to give fifteen (15) days' notice to the Code Administrator if the policy should be cancelled or otherwise terminated prior to the specified policy expiration date; or if the policy should fail to be renewed on a basis that ensures continued compliance with the insurance protocol; or if any other circumstance should occur which prejudices or invalidates a representation of compliance previously given.

Name of Authorized Representative of Insurer:	
Signature of Authorized Representative of Insurer:	Date:

AMMONIA CODE OF PRACTICE

CONFIRMATION OF COVERAGE FORM-PROTOCOL I1

Page 2 of 2

The Standard Confirmation of Coverage Form is designed for use by facilities that have insurance meeting the required levels of coverage, limits and deductibles. Anhydrous ammonia facilities require insurance coverage as outlined protocol I1.

This form must be completed fully and signed by an authorized insurance representative. A separate form is required for each insured location.

Reimbursable Deductible Acknowledgement

For deductible limits in excess of \$25,000, the deductibles must be of a reimbursable nature. With a reimbursable deductible, the insurer shall be responsible for paying all losses and loss expenses. The insured shall promptly reimburse the insurer for advancing any element of loss falling within the deductible.

For reimbursable deductibles:

- (a) Insurance representative must complete the front side of this form, recording the deductible amounts
- (b) Insurance representative must complete the reimbursable deduction section below
- (c) Dealer must sign acknowledging reporting of all incidents.

The undersigned warrants that the deductibles recorded on page one of the Confirmation of Coverage Form are of a reimbursable nature (as described above).

Name of Authorized Representative of Insurer:

Signature of Authorized Representative of Insurer:

Date:

The insured agrees to report all pollution losses promptly to the insurer(s) without regard for the size of the deductible.

Name of Authorized Representative of Insured premises:

Signature of Authorized Representative Insured premises:

Date: