

PRIVATE INSURANCE AFFIDAVIT

I, _____, a duly authorized representative of _____
(owner/operator or firm's name)

hereby certify that _____ does, _____ does not have _____
(owner/operator or firm's name)

private insurance coverage for all or part of the costs related to claim for payment of _____
(owner or firm's name)

study and/or remediation costs for work performed at _____
(site name)

located at _____
(address)

I, _____, _____ of _____
(name) (title) (owner/operator or firm's name)

certify that as of this date, the above information is accurate and complete. Furthermore, I also agree to reimbursement the Illinois EPA for any overpayment made by my private insurance company in excess of the deductible amount for each site.

Owner/Operator: _____ Title: _____

Signature: _____ Date: _____

Subscribed and sworn to before me the _____ day of _____, _____.
(The Private Insurance Affidavit must be notarized when the affidavit is signed.)

(Notary Public) Seal:

The Agency is authorized to require this information under 415 ILCS 5/1. Disclosure of this information is required. Failure to do so may result in the delay or denial of any budget or payment requested hereunder. This form has been approved by the Forms Management Center.