

# APPENDIX

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The following form was filed with a Notice of Proposed Rule Marking pertaining to the Environmental Remediation Insurance Tax Credit, I.D. No. INS-44-06-00009-P published in this issue of the *State Register*.



**Certification Part I- Information about the insurance policy which contains coverages required for the tax credit**

<b>Brownfield Property Information</b>			
Site Name	Department of Environmental Conservation (DEC) Site No.		
Site Street Address	City	State	Zip Code
Municipality	County		
<b>Insured Information</b>			
Company Name			
Last Name	First Name	MI	
<b>Policy Information</b>			
Name of Insurer	Policy Number		
Effective Date of Policy	Expiration Date of Policy		
Total Policy Premium	Amount Paid From Policy Inception to Date		

**Certification Part II- Information about the coverages required for the tax credit**

	Place an X if the coverage is provided	Indicate the Coverage Part, section number or other reference to the relevant provision(s) of the policy that contain the required coverage	Indicate the Premium for each coverage. Note: if a separate premium cannot be provided for each of the coverages then the premium for the specified coverages combined should be provided on the Total line.
Coverage 1			
Coverage 2			
Coverage 3			
Coverage 4			
Total			

