



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

03/16/2009

Linda Dunwoody
Veolia ES Technical Solutions LLC
342 Marpan Ln
Tallahassee, FL 32305-0904

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **342 Marpan Ln, Tallahassee, FL 32305-904** has been registered through **March 1, 2010** with the following status:

Facility ID # **FL0000207449**
Transporter of Universal Waste Lamps and Devices
Transfer Facility for Universal Waste Lamps
Transfer Facility for Universal Waste Devices
Large Quantity Handler Facility for Universal Waste Lamps and Devices

The registration form for the year **2010** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace
Environmental Specialist
Hazardous Waste Management Section

Enclosures



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received
(for FDEP Official Use Only)

MAR 13 2009

EPA ID F L 0 0 0 0 2 0 7 4 4 9

MTS

RCRAInfo

1. Reason for Submittal

Mark 'X' in
correct box:

- ☐ To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☒ To provide **subsequent notification** (to update status and facility identification information).
- ☐ Is this the **final notification** (see instructions) for the facility?

2. Facility or Business Name

FEID No.

3 6 4 2 8 7 9 9 8

3. Facility Operator (List additional Operators in the comments section).

Name of Operator:
VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.

☐ New Operator

Date became Operator: ____/____/____
mm dd yy

Street or P.O. Box: 342 MARPAN LANE

Phone Number: 850-877-8299

City or Town: TALLAHASSEE

State: FL Zip Code: 32311

Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

4. Facility Physical Location Information

Physical Street Address: 342 MARPAN LANE

City or Town: TALLAHASSEE

State: FL Zip Code: 32311

County: Leon

If available, please attach a map or sketch of the facility boundaries.

Latitude: 3 0 2 1 4 6 Longitude: 8 4 1 6 3 4 Method:
d d m m s s . ssss d d m m s s . ssss Datum:

5. Facility North American Industry Classification System (NAICS) Code(s)

A. 562211

B.

C.

D.

6. Facility or Business Mailing Address

Street Address or P.O. Box: 342 MARPAN LANE

City or Town: TALLAHASSEE

State: FL Zip Code: 32311

7. Facility or Business Contact Person

First Name: LINDA

Last Name: DUNWOODY

Title: OPS MGR

Phone Number: 850-877-8299

Extension:

E-Mail: linda.dunwoody@veoliaes.com

Street or P.O. Box: 342 MARPAN LANE

City or Town: TALLAHASSEE

State: FL Zip Code: 32311

8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property (Land) Owner:
H.M. WILLIAMS PROPERTIES

☐ New Owner

Date became Owner: ____/____/____
mm dd yy

Street or P.O. Box: PO BOX 2068

Phone Number: 850-224-9353

City or Town: TALLAHASSEE

State: FL Zip Code: 32316

Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- ☒ a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☐ b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☐ c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.

(2) Treater, Storer, or Disposer of Hazardous Waste

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☒ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) ☒ Recycler of Hazardous Waste (at your facility)Specify: ☒ Commercial; ☐ Non-Commercial.

A permit is required for storage prior to recycling.

(4) ☒ Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-site Burner Exemption
- ☒ b. Smelting, Melting, and Refining Furnace Exemption

(5) ☐ Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.**(6) ☐ Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(7) ☒ Transporter of Hazardous Waste [Note: A Certificate of Liability Insurance is required along with this registration.]**Registration must be renewed annually. ☐ a. For own waste only ☒ b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**

Insurance Company _____ Insurance Company of the State of PA
Address _____ c/o Marsh USA Inc., 1000 Main Street, Suite 3000, Houston, TX 77002

Contact _____ Melissa Hardie Telephone _____ 512-342-4521
Policy Number _____ CA 4576281 Expiration date _____ 07-01-2009

d. Transportation Mode ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____e. ☒ Hazardous Waste Transfer Facility: Storage Volume _____☐ Initial notification

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- ☐ Notification of changes in above items
- ☒ Annual update notification

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- ☒ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☒ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☒ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

| (1) For those Managing | Generate/ Accumulate | Transport (see note in instructions) | Handle at Transfer Facility | (2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time. |
|-------------------------------|-------------------------------------|--|-------------------------------------|---|
| a. Batteries | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80000 |
| b. Pesticides | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Pharmaceuticals | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1000 |
| d. Mercury Containing Devices | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 10000 |
| e. Mercury Containing Lamps | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80000 |

(3) Mercury Recovery and/or Reclamation Facility ☒ Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
[Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☒ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:

(1) Used Oil Transporter - indicate type(s) of activity(ies):

- ☐ a. Transporter
- ☐ b. Transfer Facility

(2) ☐ Collection Center

(3) ☐ Used Oil Processor (A permit is required for this activity.)

(4) ☐ Off-Specification Used Oil Burner

(5) ☐ Used Oil Fuel Marketer

(6) Used Oil Filter

- ☐ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☐ A check is enclosed.

8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

Signature of Authorized Person

Print Name of Authorized Person

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- ☐ our mailing (business) address
- ☐ The site (facility) address

EPA ID No.

FL0000207449

D. Other State Regulated Waste Activities:☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

| | | | | | | | | | | | | | |
|----|------|----|------|----|------|----|------|----|------|----|------|----|--|
| 1 | D006 | 2 | D007 | 3 | D008 | 4 | D009 | 5 | D011 | 6 | U151 | 7 | |
| 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | |
| 15 | | 16 | | 17 | | 18 | | 19 | | 20 | | 21 | |
| 22 | | 23 | | 24 | | 25 | | 26 | | 27 | | 28 | |

11. Other Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☐ (3) Other (explain) _____

B. Facility Closed

- ☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

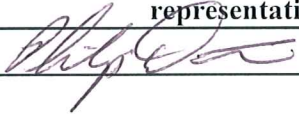
Contact _____ Phone _____

Address _____

City, State, Zip _____

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection**

12. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized
representative

Print Name and Title

Phillip Ditter, EH&S Manager

Date Signed
(mm-dd-yyyy)

03/06/2009

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
HOU-000400671-18

PRODUCER

Marsh USA Inc.
1000 Main Street, Suite 3000
Houston, TX 77002
Attn: Specialty.CertRequest@marsh.com; 212-948-0564

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

COMPANY

A New Hampshire Insurance Co.

COMPANY

B Insurance Company Of The State Of PA

COMPANY

C AIG Casualty Company

COMPANY

D National Union Fire Insurance Co

010056-Veoli-Prima-08/09 OESNJ ** Yes *Cinda

INSURED

+++Veolia ES Technical Solutions, LLC
One Eden Lane
Flanders, NJ 07836

COVERAGES

This certificate supersedes and replaces any previously issued certificate for the policy period noted below.

15

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|-------------|--|--|----------------------------------|-----------------------------------|---|--------------|
| A | GENERAL LIABILITY | GL4572700 | 07/01/08 | 07/01/09 | GENERAL AGGREGATE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | PRODUCTS - COMP/OP AGG | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | OWNER'S & CONTRACTOR'S PROT | | | | EACH OCCURRENCE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY- | | | | FIRE DAMAGE (Any one fire) | \$ 1,000,000 |
| | | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | |
| B B B | AUTOMOBILE LIABILITY | CA 4576281 (AOS) | 07/01/08 | 07/01/09 | COMBINED SINGLE LIMIT | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | CA4576282 (MA) | 07/01/08 | 07/01/09 | | |
| | <input type="checkbox"/> ALL OWNED AUTOS | CA 4576283 (VA) | 07/01/08 | 07/01/09 | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | PROPERTY DAMAGE | \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | |
| | | | | | | |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN AUTO ONLY: | |
| | | | | | EACH ACCIDENT | \$ |
| | | | | | AGGREGATE | \$ |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> UMBRELLA FORM | | | | AGGREGATE | \$ |
| | <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | | \$ |
| | | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | WC4552998 (WV & AOS) | 07/01/08 | 07/01/09 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | |
| C | | WC4552999 (AZ,MD,VA) | 07/01/08 | 07/01/09 | EL EACH ACCIDENT | \$ 1,000,000 |
| D | THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: | <input checked="" type="checkbox"/> INCL WC 4553000 (CA) | 07/01/08 | 07/01/09 | EL DISEASE-POLICY LIMIT | \$ 1,000,000 |
| G | | <input type="checkbox"/> EXCL WC 4553001 (WI & STOP GAP) | 07/01/08 | 07/01/09 | EL DISEASE-EACH EMPLOYEE | \$ 1,000,000 |
| | OTHER | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING - MS 4555
2600 BLAIR STONE RD
TALLAHASSEE, FL 32399-2400

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.
BY: Barry N. Smith



MM1(3/02)

VALID AS OF:08/15/08

ADDITIONAL INFORMATION

HOU-000400671-18
DATE (MM/DD/YY)
08/15/08

PRODUCER

Marsh USA Inc.
1000 Main Street, Suite 3000
Houston, TX 77002
Attn: Specialty.CertRequest@marsh.com; 212-948-0564

COMPANIES AFFORDING COVERAGE

COMPANY

E N/A

COMPANY

F N/A

COMPANY

G Commerce & Industry Ins. Co.

COMPANY

H

010056-Veoli-Prima-08/09 OESNJ ** Yes *Cinda

INSURED

+++Veolia ES Technical Solutions, LLC
One Eden Lane
Flanders, NJ 07836

TEXT

WORKER'S COMPENSATION: CARRIER:

INSURANCE CO. OF THE STATE OF PA
LIMITS: EL EACH ACCIDENT: \$1,000,000

INSURANCE CO. OF THE STATE OF PA
LIMITS: EL EACH ACCIDENT: \$1,000,000

POLICY NUMBER:

WC 1558356 (FL)
EL DISEASE-POLICY LIMIT: \$1,000,000

WC 0623124 (MA)
EL DISEASE-POLICY LIMIT: \$1,000,000

POLICY TERM:

7/1/08 - 7/1/09
EL DISEASE-EACH EMPLOYEE: \$1,000,000.

7/1/08 - 7/1/09
EL DISEASE-EACH EMPLOYEE: \$1,000,000.

CERTIFICATE HOLDER

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING - MS 4555
2600 BLAIR STONE RD
TALLAHASSEE, FL 32399-2400

AUTHORIZED REPRESENTATIVE

of Marsh USA Inc.

BY: Barry N. Smith



ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980

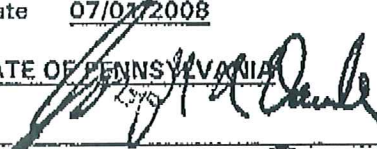
Form Approved
OMB No. 2125-0074

Issued to VEOLIA ES TECHNICAL SOLUTIONS, LLC, of 1 EDEN LANE - FLANDERS, NJ 07836

Dated at HOUSTON, TX 77019-2128 this 1ST day of JULY, 2008

Amending Policy No. CA 457 62 81 Effective Date 07/07/2008

Name of Insurance Company INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Telephone Number (713) 342-7300 Countersigned by 

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by "☒", for the limits shown:

- ☒ This insurance is primary and the company shall not be liable for amounts in excess of \$ 5,000,000 for each accident.
☐ This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident
in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Highway Administration (FHWA) or the Interstate Commerce Commission (ICC), the company agrees to furnish the FHWA or the ICC a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FHWA or the ICC, to verify that the policy is in force as of a particular date.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the ICC's jurisdiction, by providing thirty (30) days notice to the ICC (said 30 days notice to commence from the date the notice is received by the ICC at its office in Washington, D.C.).

DEFINITIONS AS USED IN THIS ENDORSEMENT

ACCIDENT Includes continuous or repeated exposure to conditions which result in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

MOTOR VEHICLE means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

BODILY INJURY means injury to the body, sickness, or disease to any person, including death resulting from any of these.

ENVIRONMENTAL RESTORATION means restitution for the

loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

PROPERTY DAMAGE means damage to or loss of use of tangible property.

PUBLIC LIABILITY means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Highway Administration (FHWA) and the Interstate Commerce Commission (ICC).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980

regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all

terms, conditions and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately, to each accident, and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

It is further understood and agreed that, upon failure of

The Motor Carrier Act of 1980 requires limits of financial responsibility according to the type of carriage and commodity transported by the motor carrier. It is the MOTOR CARRIER'S obligation to obtain the required limits of financial responsibility. THE SCHEDULE OF LIMITS SHOWN DOES NOT PROVIDE COVERAGE. The limits shown in the schedule are for information purposes only.

SCHEDULE OF LIMITS

Public Liability

| Type of Carriage | Commodity Transported | Minimum Insurance |
|--|--|-------------------|
| (1) For-hire (In interstate or foreign commerce). | Property (nonhazardous). | \$ 750,000 |
| (2) For-hire and Private (In interstate, foreign, or intrastate commerce). | Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Divisions 1.1, 1.2, and 1.3 materials; any quantity of Division 2.3 Hazard Zone A or Division 6.1, Packing Group 1, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403. | \$ 5,000,000 |
| (3) For-hire and Private (In interstate or foreign commerce: in any quantity) or (In intrastate commerce: in bulk only). | Oil listed in 49 CFR 172.101, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below. | 1,000,000 |
| (4) For-hire and Private (In interstate or foreign commerce). | Any quantity of Division 1.1, 1.2 or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group 1, Hazard Zone A material; or highway route controlled quantities of Class 7 material as defined in 49 CFR 173.403. | 5,000,000 |

Note: The type of carriage listed under (1), (2), and (3) applies to vehicles with a gross vehicle weight rating of 10,000 pounds or more. The type of carriage listed under number (4) applies to all vehicles with a gross vehicle weight rating of less than 10,000 pounds.

SCHEDULE OF LIMITS

Public Liability

For-hire motor carriers of passengers operating in interstate or foreign commerce

| Vehicle Seating Capacity | Minimum Insurance |
|---|-------------------|
| (1) Any vehicle with a seating capacity of 16 passengers or more. | \$ 5,000,000 |
| (2) Any vehicle with a seating capacity of 15 passengers or less | 1,500,000 |