



## 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

03/13/2009

Lee Jarrett  
Univar USA Inc  
155 Ellis Rd S  
Jacksonville, FL 32254-3546

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 **155 Ellis Rd S, Jacksonville, FL 32254-3546** has been registered through **March 1, 2010** with the following status:

Facility ID # **FL0000596866**  
**Transporter of Universal Waste Lamps and Devices**  
**Transfer Facility for Universal Waste Lamps**  
**Small Quantity Handler Facility for Universal Waste Lamps and Devices**  
(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

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](mailto:Laurie.Tenace@dep.state.fl.us).

Sincerely,

Laurie Tenace  
Environmental Specialist  
Hazardous Waste Management Section

Enclosures

Univar USA Inc.  
3600 W. Wendover Ave.  
Greensboro, NC 27407-1508  
USA

T 336-292-0624  
F 336-292-0630  
www.univarusa.com

RECEIVED

MAR 05 2009

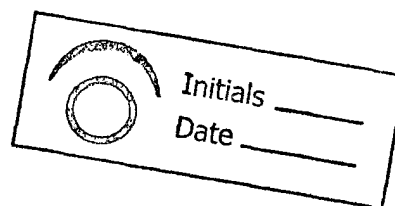
BY: BSHW



February 27, 2009

Ms. Sebreana Bolton  
Hazardous Waste Regulation Sect. MS 4560  
Department of Environmental Protection  
2600 Blair Stone Rd.  
Tallahassee, Florida 32399-2400

RE: Univar USA 8700-12FL



Dear Ms. Bolton,

Enclosed is are the 8700-12FL forms along with the related Used Oil and Universal Waste forms for our Tampa, Jacksonville, Norcross, GA and Mobile, AL facilities. Along with the forms is a check for \$300.00 to cover the \$100 Used Oil handler fee for Tampa, Jacksonville and Norcross Facilities.

A copy of our Certificate of Liability Insurance is attached. You should be receiving an Acord certificate with the State of Florida as the Certificate holder this week.

If you have any questions or need additional information please feel free to call me at 336-638-8924.

Sincerely

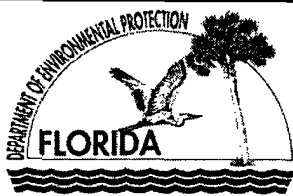
A handwritten signature in black ink, appearing to read "Lee Jarrett".

Lee Jarrett  
Regional Regulatory Mgr.

FID020985727

FL0000596866

GAD980845077



# 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 EDEP Official Use Only)

EPA ID F L O 0 0 0 5 9 6 8 6 6

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?

MAR 05 2009

## 2. Facility or Business Name

Univar USA Inc.

FEID No.

9 1 1 3 4 7 9 3 5

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

Name of Operator:

Univar USA Inc.

☐ New Operator

Date became Operator: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Street or P.O. Box:

155 Ellis Rd South

Phone Number: (904) 693-4815

City or Town:

Jacksonville

State: FL

Zip Code: 32254-3546

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

## 4. Facility Physical Location Information

Physical Street Address:

155 Ellis Rd South

City or Town:

Jacksonville

State: FL

Zip Code: 32254-3546

County:

Duval

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

Latitude: 3 0 1 9 2 3 . 31N  
d d m m s s . ssss

Longitude: 8 1 4 4 3 2 . 92W  
d d m m s s . ssss

Method: Interpolation  
Datum: Photo

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

A.

424690

B.

C.

D.

## 6. Facility or Business Mailing Address

Street Address or P.O. Box:

155 Ellis Rd South

City or Town:

Jacksonville

State: FL

Zip Code: 32254-3546

## 7. Facility or Business Contact Person

First Name:

Harvey

Last Name:

Hall

Title: Operations Mgr.

Phone Number:

(904) 693-4815

Extension:

E-Mail:

harvey.hall@univarusa.com

Street or P.O. Box:

155 Ellis Rd South

City or Town:

Jacksonville

State: FL

Zip Code: 32254-3546

## 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:

Univar USA Inc.

☐ New Owner

Date became Owner: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Street or P.O. Box:

17425 NE Union Hill Rd.

Phone Number: (425)889-3400

City or Town:

Redmond

State: WA

Zip Code: 98052-3375

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

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

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

**(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

**(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 National Union Fire

Address \_\_\_\_\_

Contact Aon Risk ServicesTelephone (866) 283-7122Policy Number 480-68-90Expiration date 3/1/10d. 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1,000
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1,000

(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):**

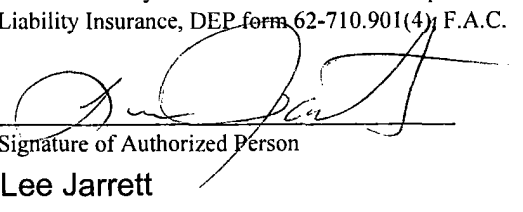
- ☒ a. Transporter
- ☒ b. Transfer Facility

**(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

**(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

Lee Jarrett

Print Name of Authorized Person

(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.

(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.

FLO000596866

**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	D001	2	D002	3	D003	4	D005	5	D006	6	D007	7	D008
8	D009	9	D011	10	D035	11	D040	12	F002	13	F003	14	F004
15	F005	16	U080	17	U145	18	U154	19	U228	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.

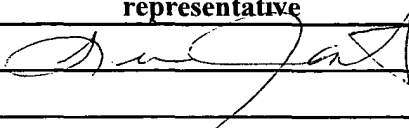
Contact \_\_\_\_\_ Phone \_\_\_\_\_

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	Date Signed (mm-dd-yyyy)
	Lee Jarrett, Regional Regulatory Mgr.	02/25/2009

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

Lee Jarrett

336-638-8924

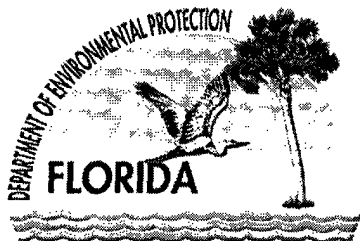
lee.jarrett@univarusa.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

## UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. **Your transporter registration will not be issued until you complete and return the checklist.** Handlers that are not engaging in transport activities need not complete this form.

Univar USA Inc.		FL0000596866	
(Facility Name)		(EPA id)	
155 Ellis Road	Jacksonville	FL	32254-3546
(Street Address)	(City)	(State)	(Zip)
(904) 693-4815	lee.jarrett@univarusa.com		
(Phone)	(Fax)	(E-mail)	

Section 1: For all transporters and transfer facilities (in-state and out-of-state).

Complete all sections and check all boxes that apply.

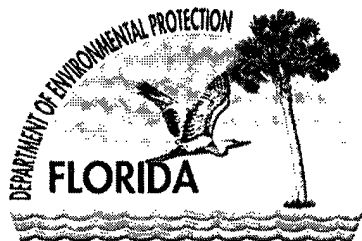
- Estimated number of LAMPS handled during the last calendar year. 3,586  
Types: Fluorescent ☒ HID ☒
- Estimated number of DEVICES handled during the last calendar year. 160  
Types: Thermostats ☒ Electric Switches/Relays ☒  
Thermometers ☒ Manometers ☐ Other ☐
- Estimated weight of DEVICES handled during the last calendar year. 80 lb.
- Estimated number of lamps or devices you shipped to each lamp recycling facility. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

Number	L	D	Facility Name	City	State	Phone
1447	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vopak Logistic Services	Fitzgerald	GA	229-423-5428
2139	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pollution Control Ind	Millington	TN	901-353-5291
160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pollution Control Ind	Millington	TN	901-353-5291
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

Lee Jarrett  
Print Name of Authorized Agent

Signature of Authorized Agent

Date



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

## Section 2: For out-of-state transporters and transfer facilities only

1. Is any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

Yes ☐

No ☐

2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.

Submitted Previously ☐

Submitted in What Year? \_\_\_\_\_

---

Print Name of Authorized Agent

Signature of Authorized Agent

Date

**Complete, sign and return this checklist along with your registration form to:**

EPA ID Notification Coordinator  
Hazardous Waste Regulation Section MS 4560  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

**Your transporter registration will not be issued until you complete and return this checklist.**

### QUESTIONS OR COMMENTS?

If you have any questions or comments, please contact Laurie Tenace at (850) 245-8759 or via e-mail at [laurie.tenace@dep.state.fl.us](mailto:laurie.tenace@dep.state.fl.us).

**Thank you for your cooperation in providing this information.**

TransChkl.doc



Are your services commercially available? Yes

## STATE OF FLORIDA

### HAZARDOUS WASTE TRANSPORTER STATUS FORM

**1. Transporter Identification:**

Transporter Name: Univar USA Inc.

Transporter EPA ID: FLO 000 586 866

Location Address: 155 Ellis Road South

Jacksonville, FL 32254-3546

Contact: Harvey Hall Telephone: 904-693-4815

Mailing Address: Same as above

**II. Insurance Information:**

Insurance Company National Union FireIns. Co.

Address \_\_\_\_\_

Contact: Aon Risk Services Telephone: (866) 283-7122

Policy Number: 4806890

Expiration date: 3/01/10

**III. Waste Information:**

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D002 D003 D035 F001 F002 F003 F005

Comments: \_\_\_\_\_

**IV. Certification:**

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

Lee Jarrett

Regional Regulatory Manager

Print/Type Name

Title

Signature

Date Signed

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through \_\_\_\_\_

Date

Signature of Florida Department of Environmental Protection Representative Date Signed

Are your services commercially available? Yes

## STATE OF FLORIDA

### HAZARDOUS WASTE TRANSPORTER STATUS FORM

**1. Transporter Identification:**

Transporter Name: Univar USA Inc.  
Transporter EPA ID: FLO 000 586 866  
Location Address: 155 Ellis Road South  
Jacksonville, FL 32254-3546

Contact: Harvey Hall Telephone: 904-693-4815  
Mailing Address: Same as above

**II. Insurance Information:**

Insurance Company: National Union Fire Ins.  
Address: \_\_\_\_\_

Contact: Aon Risk Services Telephone: (866) 283-7122  
Policy Number: 4806890  
Expiration date: 3/01/10

**III. Waste Information:**

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D002 D003 D035 F001 F002 F003 F005

Comments: \_\_\_\_\_

**IV. Certification:**

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

Lee Jarrett Regional Regulatory Manager  
Print/Type Name Title  
[Signature] 2/20/08  
Signature Date Signed  
\*\*\*\*\*

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through \_\_\_\_\_ Date

Signature of Florida Department of Environmental Protection Representative Date Signed

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/27/2009

**PRODUCER**  
Aon Risk Services Central, Inc.  
Philadelphia PA Office  
One Liberty Place  
1650 Market Street  
Suite 1000  
Philadelphia PA 19103 USA  
PHONE: (866) 283-7122 FAX: (847) 953-5390

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY  
AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS  
CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE  
COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**  
UNIVAR USA INC  
500 108th Avenue NE, Suite 2200  
Bellevue WA 98004-5580 USA

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	American International Specialty Lines	26883
INSURER B:	National Union Fire Ins Co of Pittsburgh	19445
INSURER C:	Insurance Company of the State of PA	19429
INSURER D:	Illinois National Insurance Co	23817
INSURER E:		

## COVERAGES SIR applies per terms and conditions of the policy

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
B		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	2802979	03/01/09	03/01/10	EACH OCCURRENCE	\$3,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
						MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$3,000,000
						GENERAL AGGREGATE	\$3,000,000
						PRODUCTS - COMP/OP AGG	\$3,000,000
B		<b>AUTOMOBILE LIABILITY</b>	4806890	03/01/09	03/01/10	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
B		<input checked="" type="checkbox"/> ANY AUTO	Truckers Liability (AOS)	03/01/09	03/01/10	BODILY INJURY (Per person)	
B		<input type="checkbox"/> ALL OWNED AUTOS	4806891	03/01/09	03/01/10	BODILY INJURY (Per accident)	
		<input type="checkbox"/> SCHEDULED AUTOS	Truckers Liability (MA)			PROPERTY DAMAGE (Per accident)	
		<input type="checkbox"/> HIRED AUTOS	4806892	03/01/09	03/01/10		
		<input type="checkbox"/> NON OWNED AUTOS	Truckers Liability (VA)				
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	
						AGG	
		<b>EXCESS / UMBRELLA LIABILITY</b>				EACH OCCURRENCE	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	
		<input type="checkbox"/> DEDUCTIBLE					
		<input type="checkbox"/> RETENTION					
C		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	1591220	03/01/09	03/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
B		AOS	1591222	03/01/09	03/01/10	E.L. EACH ACCIDENT	\$1,000,000
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?	CA, OH, OR & WA	03/01/09	03/01/10	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
D		If yes, describe under SPECIAL PROVISIONS below	1591223	03/01/09	03/01/10	E.L. DISEASE-POLICY LIMIT	\$1,000,000
		<b>OTHER</b>					

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Washington Savannah River Company, Savannah River Nuclear Solutions and U.S. Department of Energy are included as Additional Insured on General Liability and Automobile Liability Policies with respects to the attached MCS 90 Endorsement. Univar is self-insured for physical damage to their vehicles.

### CERTIFICATE HOLDER

Washington Savannah River Company  
U.S. Department of Energy  
Attn: David Moss  
Building 730-4B, Room 2041  
Aiken SC 29808 USA

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Aon Risk Services Central, Inc.*

**Attachment to ACORD Certificate for** UNIVAR USA INC

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

**INSURED**

UNIVAR USA INC  
500 108th Avenue NE, Suite 2200  
Bellevue WA 98004-5580 USA

INSURER
INSURER
INSURER
INSURER
INSURER

**ADDITIONAL POLICIES**

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
		AUTOMOBILE LIABILITY					
B			4806893 Commercial Auto (AOS)	03/01/09	03/01/10	Combined Single Limi	\$5,000,000
B			4806894 Commercial Auto (MA)	03/01/09	03/01/10		
B			4806895 Commercial Auto (VA)	03/01/09	03/01/10		
		WORKERS COMPENSATION					
C			1591221 FL	03/01/09	03/01/10		
D			1591224 TX	03/01/09	03/01/10		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS