



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

James Daniel, Manager
Moran Environmental Recovery LLC
251 Levy Rd
Atlantic Beach, FL 32233-2613

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you must use the following identification number for all manifests or reports for Moran Environmental Recovery LLC located at **251 Levy Rd, Atlantic Beach.**

FLD092718576

Your facility has been registered with the following requested status/activities:

**HW Transporter, Small Quantity Generator
Used Oil Transporter
Small Quantity Handler of Universal Batteries, Universal Battery Transporter, Universal
Lamps, Universal Lamp Transporter, Universal Devices, Universal Device Transporter**

THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR USED OIL OR UNIVERSAL WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OR A UNIVERSAL WASTE OR USED OIL PROCESSING FACILITY OR LARGE QUANTITY HANDLER. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE OR USED OIL TRANSPORTERS, UNIVERSAL WASTE HANDLERS, USED OIL PROCESSING FACILITIES, AND TSDS.

You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status or contact information. For further assistance, please call the Notification Coordinator at (850)245-8760 or (850)245-8772 or (850)245-8706.

Sincerely,



for Michael Redig

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 44626 , Email Address: jdaniel@moranenvironmental.com

Link: http://approd.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD092718576



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)

EPA ID: **FLD092718576** MTS: _____ RCRA Info: _____

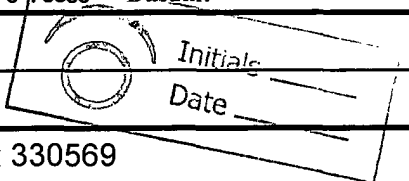
1. Reason for Submittal
 Mark 'X' in correct box:
 To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
 To provide subsequent notification (to update status and facility identification information).
 Is this the final notification (see instructions) for the facility?

2. Facility or Business Name: Moran Environmental Recovery, LLC
FEID No.: 26-0016814

3. Facility Operator (List additional Operators in the comments section).
Name of Operator: Moran Environmental Recovery, LLC New Operator
Date became Operator: ____/____/____
mm dd yy
Street or P.O. Box: 251 Levy Road **Phone Number:** 904-241-2200
City or Town: Atlantic Beach **State:** FL **Zip Code:** 32233
Operator Type: Private Federal Municipal State Other _____

4. Facility Physical Location Information
Physical Street Address: 251 Levy Road
City or Town: Atlantic Beach **State:** FL **Zip Code:** 32233
County: Duval **If available, please attach a map or sketch of the facility boundaries.**
Latitude: 30 | 20 | 07 . _____ **Longitude:** 81 | 25 | 11 . _____ **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. 562910 B. _____
 C. _____ D. _____



6. Facility or Business Mailing Address
Street Address or P.O. Box: P.O. Box 330569
City or Town: Atlantic Beach **State:** FL **Zip Code:** 32233

7. Facility or Business Contact Person
First Name: Jay **Last Name:** Daniel **Title:** V.P. Gen Mgr
Phone Number: 904-241-2200 **Extension:** _____ **E-Mail:** jdaniel@moranenvironmental.com
Street or P.O. Box: 251 Levy Road
City or Town: Atlantic Beach **State:** FL **Zip Code:** 32233

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: 251 LEVY ROAD, LLC New Owner
Date became Owner: 10 / 01 / 08
mm dd yy
Street or P.O. Box: 251 LEVY ROAD **Phone Number:** 904-241-2200
City or Town: ATLANTIC BEACH **State:** FL **Zip Code:** 32233
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.)

- (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 [X] 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) [X] 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 [X] b. For commercial purposes

c. Hazardous Waste Transporter Insurance Information

Insurance Company American International Surplus Lines Address 185 Asylum Street 25th Floor Hartford, CT 06103-3708 Contact Willis of CT, LLC Telephone Policy Number 15924922 Expiration date 2/28/2010

d. Transportation Mode [Air] [Rail] [X] 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 type="checkbox"/>	<input type="checkbox"/>	70
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	200

(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

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.

FLD092718576

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	D008	3	D018	4	F005	5		6		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

Brian J. House President

Date Signed
(mm-dd-yyyy)

03/05/2009

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

Kate Timberlake

781-815-1177

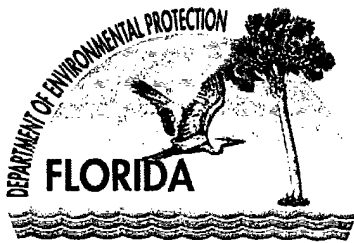
ktimberlake@moranenvironmental.com

(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

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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.

Moran Environmental Recovery, LLC			<div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 0.8em;"> FL D 0 9 2 7 1 8 5 7 6 </div>		
<i>(Facility Name)</i>			<i>(EPA id)</i>		
251 Levy Road	Atlantic Beach	FL	32233		
<i>(Street Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>		
904-241-2200	904-241-4732	mtaylor@moranenvironmental.com			
<i>(Phone)</i>	<i>(Fax)</i>	<i>(E-mail)</i>			

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. 335
Types: Fluorescent HID
- Estimated number of DEVICES handled during the last calendar year. 0
Types: Thermostats Electric Switches/Relays
 Thermometers Manometers Other
- Estimated weight of DEVICES handled during the last calendar year. 40 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
335	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AERC Recycling Solutions	W. Melbourne	FL	321-952-1516
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

Kate Timberlake		03/05/2009
<small>Print Name of Authorized Agent</small>	<small>Signature of Authorized Agent</small>	<small>Date</small>



Florida Department of Environmental Protection

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

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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? _____

Kate Timberlake

03/05/2009

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.

Thank you for your cooperation in providing this information.

TransChkl.doc

Client#: 84954

MORAENV

<h1>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</h1>		DATE (MM/DD/YYYY) 02/27/09
PRODUCER Willis of Connecticut, LLC 185 Asylum St 25th Floor Hartford, CT 06103-3708	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.	
	INSURERS AFFORDING COVERAGE	
INSURED Moran Environmental Recovery, LLC 251 Levy Road P.O. Box 330569 Atlantic Beach, FL 32233-0569	INSURER A: American International Surplus Lines	NAIC # 124
	INSURER B: National Union Fire Insurance Co.	19445
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="checked" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="checked" type="checkbox"/> PROJ <input type="checkbox"/> LOC	15924922	02/28/09	02/28/10	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	B	AUTOMOBILE LIABILITY <input checked="checked" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="checked" type="checkbox"/> HIRED AUTOS <input checked="checked" type="checkbox"/> NON-OWNED AUTOS <input checked="checked" type="checkbox"/> MCS-90	934366 934367	02/28/09 02/28/09	02/28/10 02/28/10	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ GARAGE LIABILITY <input type="checkbox"/> ANY AUTO AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="checked" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ <input checked="checked" type="checkbox"/> RETENTION \$ 10000	15925243	02/28/09	02/28/10	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC6506877 **USL&H INCLUDED**	02/28/09	02/28/10	<input checked="checked" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A		OTHER Contractors Pollution/Prof. Liability	15924922	02/28/09	02/28/10	\$1,000,000/\$2,000,000 \$50,000 Deductible

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

Florida Department of Environmental Protection is noted as additional Insured with respect to general liability and auto. liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Florida Department of Environmental Protection Attn: Mail Station 2600 Blair Stone Rd., M/S 4595 Tallahassee, FL 32399-2400	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 Hills Rogal & Hobbs
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poor original

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

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