

## 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, Ops Mgr Veolia ES Technical Solutions LLC 342 Marpan Ln Tallahassee, FL 32305-0904

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 Veolia ES Technical Solutions LLC located at **342 Marpan Ln, Tallahassee**.

## FL0000207449

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

Treater/Storer/Disposer, HW Transporter, Large Quantity Generator, HW Burner/Blender, HW Burner/Blender Commercial HW Recycler, Universal Pharmaceutical Transporter Large Quantity Handler of and Destination for Universal Batteries, Universal Battery Transporter, Univeral Lamps, Universal

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: 6716 , Email Address: <u>linda.dunwoody@veoliaes.com</u> Link: <u>http://appprod.dep.state.fl.us/www\_RCRA/Reports/handler\_results.asp?epaid=FL0000207449</u>

FLORIDA EPA ID F L 0	RI DEP	2FL - FLORIDA NOT EGULATED WASTE Waste Management Division 0 Blair Stone Rd. Tallahasse (850) 245-8772	E ACTIVITY n-HWRS, MS4560 ee, FL 32399-2400 M 2	AR 1 3 26 <mark>3</mark> 9	Date Received (for FDEP Official Use Only) RCRAInfo	
1. Reason for Submittal	Mark 'X' in correct box:          To provide <u>initial notification</u> (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).          X       To provide <u>subsequent notification</u> (to update status and facility identification information).          Is this the <u>final notification</u> (see instructions) for the facility?					
2. Facility or Business Name	r FEID No.					
<b>3. Facility Operator</b> (List additional Operators in the comments section).	VEOLIA ES	S TECHNICAL SOLUT	TIONS, L.L.C.		Operator: / / / mm dd yy	
comments section.	Street or P.O. Box	342 MAI		e Number: 850-877-8299		
		City or Town: TALLAHASSEE State: FL Zip Code: 32311				
4 To the Division	Operator Type:			State Othe		
4. Facility Physical Location		Physical Street Address: 342 MARPAN LANE				
Information	City or Town:	TALLAHAS	SEE	State: FL	Zip Code: 32311	
	County: Leon If available, plea boundaries.			ase attach a ma	ap or sketch of the facility	
	Latitude: <u> 3   0</u>   d d	mm ss.ssss	itude:   <u>8  4    1  6  </u> d d m m	S S . SSSS	Method: Datum:	
5. Facility North Am Classification Syst	5	<sup>A.</sup> 5622	11	В.		
Code(s)		C.		D.		
6. Facility or Pusiness Mailing	Street Address or P.O. Box: 342 MARPAN LANE					
Business Mailing Address	City or Town:	TALLAHAS	SEE	State: FL	Zip Code: 32311	
7. Facility or Business Contact	First Name:	LINDA	Last Name: DUN	NWOODY	Title: OPS MGR	
Person	Phone Number:	850-877-8299	Extension:	E-Mail: linda	a.dunwoody@veoliaes.com	
	Street or P.O. Box		342 MARF	PAN LANE		
	City or Town:	TALLAHAS	SEE	State: FL	Zip Code: 32311	
8. Real Property (Land) Owner of the Facility's	H.M	perty (Land) Owner: 1. WILLIAMS PROPE	RTIES	Date became Owner: / / / mm dd yy		
Physical Location (List additional	Street or P.O. Box	: PO BC	OX 2068	Phone	e Number: 850-224-9353	
<u>`</u>	City or Town:	TALLAHAS	SEE	State: FL	Zip Code: 32316	
section.) Owner Type: Private Federal Municipal State Other						

DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 01-04-2009 Page 1 of 4

	EPA ID No. FL0000207449
9. Type of Regulated Waste Activity (Mark 'X' in all th	nat apply):
<ul> <li>A. Hazardous Waste Activities:</li> <li>(1) Generator of Hazardous Waste <ul> <li>(Choose only one of the following three categories.)</li> <li>☑ a. Large Quantity Generator (LQG): <ul> <li>Generates in any calendar month 1,000 kilograms or</li> <li>greater per month (kg/mo) (2,200 lbs.) of <i>non-acute</i> hazardous waste; or Greater than 1 kg (2.2 lbs)</li> <li>of <i>acute</i> hazardous waste</li> </ul> </li> <li>D. Small Quantity Generator (SQG): <ul> <li>Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (&gt;220 to &lt;2,200 lbs.) of <i>non-acute</i> hazardous waste</li> </ul> </li> <li>c. Conditionally Exempt SQG (CESQG): <ul> <li>Generates in any calendar month 100 kg/mo or less (220 lbs.) of <i>non-acute</i> hazardous waste and 1 kg</li> </ul> </li> </ul></li></ul>	<ul> <li>For Items 2 through 7, mark 'X' in all that apply.</li> <li>(2) Treater, Storer, or Disposer of Hazardous Waste <ul> <li>(at your facility) Note: A hazardous waste permit may be required for this activity.</li> <li>a. Operating Commercial TSD</li> <li>b. Operating Non-commercial TSD</li> <li>c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)</li> </ul> </li> <li>(3)  <ul> <li>Recycler of Hazardous Waste (at your facility) Specify: Commercial; Non-Commercial. A permit is required for storage prior to recycling.</li> <li>(4)  <ul> <li>Exempt Boiler and/or Industrial Furnace</li> <li>a. Small Quantity On-site Burner Exemption</li> <li>b. Smelting, Melting, and Refining Furnace Exemption</li> </ul> </li> <li>(5)  <ul> <li>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</li> </ul> </li> </ul></li></ul>
<ul> <li>(2.2 lbs) or less of <i>acute</i> hazardous waste</li> <li>In addition, indicate other generator activities that apply.</li> <li>d. United States Importer of hazardous waste</li> <li>e. Mixed Waste (hazardous and radioactive) Generator</li> <li>(7) Transporter of Hazardous Waste [Note: A Certificate</li> </ul>	
Registration must be renewed annually.       a. For own         c. Hazardous Waste Transporter Insurance Information         Insurance Company       Insurance         Address       c/o Marsh USA Inc., 1000 Main S	on Company of the State of PA Street, Suite 3000, Houston, TX 77002
Contact Melissa Hardie	Telephone       512-342-4521         Expiration date       07-01-2009
Policy Number CA 4576281	Expiration date 07-01-2009
d. Transportation Mode 🗌 Air 🗌 Rail 🛛 Highway	Water D Other - specify
e. 🛛 Hazardous Waste Transfer Facility:	Storage Volume
<ul> <li>Florida Administrative Code (F.A.C.)]:</li> <li>Certification by a responsible corporate officer of t criteria of Section 403.7211(2), Florida Statutes (</li> <li>Evidence of the transporter's financial responsibilit</li> <li>A brief general description of the transfer facility of A copy of the facility closure plan [Rule 62-730.17]</li> <li>A copy of the contingency and emergency plan [Rule A map or maps of the transfer facility [Rule 62-730]</li> <li>Notification of changes in above items</li> </ul>	ty [Rule 62-730.171(3)(a)3., F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.] 71(3)(a)5., F.A.C.] ule 62-730.171(3)(a)6., F.A.C.]
Annual update notification	

	EPA ID No. FL0000207449						
B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):							
$\square$ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more							
Small Quantity Handler (SQH) = always less than 5,000 kg accumulated							
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lan	] 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 lam							
[Note: 4 lamps = 1 kg, $62-737.200(10)$ ]							
Pharmaceuticals LQH = 5,000 kg or more of universal pharmac	eutical waste (UPW) accumulated						
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely haza							
$\square Pharmaceuticals SQH = always less than 5,000 kg of UPW and$							
Transcent							
(1) For those Managing Generate/ Accumulate Generate/ (see note in instructions) Handle at Transfer Facility	(2) Enter your esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.						
a. Batteries	80000						
b. Pesticides							
c. Pharmaceuticals	1000						
d. Mercury Containing Devices	10000						
e. Mercury Containing Lamps	80000						
(3) Mercury Recovery and/or Reclamation Facility [Chapter 62-737, F.A.C.]	Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]						
(4) Reverse Distributor of UW  Pharmaceuticals	Lamps Devices						
(5) Destination Facility for UW Storage prior to rec							
C. Used Oil Activities:	(8) Specific Certification to be signed by all Used Oil Transporters						
(1) Used Oil Transporter - indicate type(s) of activity(ies):	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,						
<ul> <li>a. Transporter</li> <li>b. Transfer Facility</li> </ul>	current and being adhered to. If any modifications have been made to the						
(2) Collection Center	orginally approved training program, they are explained in attachments to						
<ul> <li>(2) I Concerton Center</li> <li>(3) Used Oil Processor (A permit is required for this activity.)</li> </ul>	this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of						
(4)  Off-Specification Used Oil Burner	Liability Insurance, DEP form 62-710.901(4), F.A.C.						
(5) Used Oil Fuel Marketer							
(6) Used Oil Filter							
<ul> <li>a. Transporter</li> <li>b. Transfer Facility</li> </ul>	Signature of Authorized Person						
$\square$ c. Processor							
d. End User	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	(9) The records required under the provisions of Rule 62-710.510,						
applicable, enclose a check or money order, in the amount of \$100,	F.A.C., are kept at (check one):						
payable to Florida Department of Environmental Protection.	Our mailing (business) address						
A check is enclosed.	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.							
<b>10. Waste Codes for Federally Regulated Hazardous Wastes:</b> 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.							
<sup>7</sup> D006	<sup>2</sup> D007	<sup>3</sup> D008	4 D009	<sup>5</sup> D011	<sup>6</sup> 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 Statu	s Changes (Mar	rk 'X' in all that aj	pply):				
□ (1) Busi □ (2) Was	iness no longer gen te generated by bus	siness has been deli	treats, stores, or dis				
□ (1) Clos be □ (2) Out	<ul> <li>B. Facility Closed</li> <li>□ (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.</li> <li>□ (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.</li> </ul>						
Contact			Phone				
Address							
City, Sta	ite, Zip						
C. Proj	perty Tax Default		D. Petition	for Bankruptcy P	rotection		
<b>12. Certification:</b> 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 ow		r an authorized	Pr	int Name and Ti	tle	Date Signed	
All	representative		Phillip [	Ditter, EH&S M	anager	(mm-dd-yyyy) 03/06/2009	
- very	00-						
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:							
(Name of person co	ompleting this form	1)	(Phone Number)		(E-mail Address)		
13. Comments:							

PRO	DUCI	MARSH Marsh USA Inc. 1000 Main Street, Suite 3000 Houston, TX 77002 Attn: Specialty.CertRequest@		THIS CERTIFIC NO RIGHTS U POLICY. THIS	CATE IS ISSUED AS A PON THE CERTIFICATE CERTIFICATE DOES N ( THE POLICIES DESCR	SURANCE MATTER OF INFORMATION ON HOLDER OTHER THAN THOSE OT AMEND, EXTEND OR ALTER INDED HEREIN. ES AFFORDING COVERA	ILY AND PROVID R THE C	ED IN THE
0100	56-	/eoli-Prima-08/09 OES	SNJ ** Yes *Cir		lew Hampshire Ins	urance Co.		
INSU	RED		Men de Marier de Ma	COMPANY	·····			
		+++Veolia ES Technical Solu	utions, LLC	B Ir	nsurance Company	Of The State Of PA		
		One Eden Lane Flanders. NJ 07836		COMPANY				
				C A	IG Casualty Comp	any		
				COMPANY				
				D N	ational Union Fire	Insurance Co		
	THIS NOT PER	IS TO CERTIFY THAT POLICIES C WITHSTANDING ANY REQUIREMENT,	Certificate supersedes and replace FINSURANCE DESCRIBED HEREIN HAV TERM OR CONDITION OF ANY CONTRACT Y THE POLICIES DESCRIBED HEREIN IS SU D BY PAID CLAIMS.	E BEEN ISSUED TO T OR OTHER DOCUMEN	HE INSURED NAMED	HEREIN FOR THE POLICY PE HICH THE CERTIFICATE MAY B	Eriod II E Issue	D OR MAY
CO LTR		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIN	NITS	
A	GEI	NERAL LIABILITY	GL4572700	07/01/08	07/01/09	GENERAL AGGREGATE	\$	1,000,000
	x	COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$	1,000,000
	6.61	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY	\$	1,000,000
		OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$	1,000,000
	Х	CONTRACTUAL LIABILITY-				FIRE DAMAGE (Any one fire)	\$	1,000,000
						MED EXP (Any one person)	\$	5,000
B B	AU1 X	OMOBILE LIABILITY	CA 4576281 (AOS) CA4576282 (MA)	07/01/08 07/01/08	07/01/09 07/01/09	COMBINED SINGLE LIMIT	\$	1,000,000
В		ALL OWNED AUTOS SCHEDULED AUTOS	CA 4576283 (VA)	07/01/08	07/01/09	BODILY INJURY (Per person)	\$	
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE	\$	
	GA					AUTO ONLY - EA ACCIDENT	\$	
		ANY AUTO				OTHER THAN AUTO ONLY:		
						EACH ACCIDENT	\$	
						AGGREGATE	\$	
	EX					EACH OCCURRENCE	\$	
		UMBRELLA FORM				AGGREGATE	\$	
		OTHER THAN UMBRELLA FORM					\$	
A		RKERS COMPENSATION AND PLOYERS' LIABILITY	WC4552998 (WV & AOS)	07/01/08	07/01/09	X WC STATU- TORY LIMITS ER	19496941	
С			WC4552999 (AZ,MD,VA)	07/01/08	07/01/09	EL EACH ACCIDENT	\$	1,000,000
D			WC 4553000 (CA)	07/01/08	07/01/09	EL DISEASE-POLICY LIMIT	\$	1,000,000
G	OFF OTH		WC 4553001 (WI & STOP GAP)	07/01/08	07/01/09	EL DISEASE-EACH EMPLOYEE	\$	1,000,000
DES	יחוקי	ION OF OPERATIONS/LOCATIONS/VE						
DE2(	, KIPI	ION OF OPERATIONS/LOCATIONS/VE	INGLEO/OFEGIAL ITEMIO					
CEF	RTIF	ICATE HOLDER		CANCELLA	TION			
				SHOULD ANY OF TH	HE POLICIES DESCRIBED H	EREIN BE CANCELLED BEFORE THE	EXPIRAT	ION DATE THEREOF,
				THE INSURER AFF	ORDING COVERAGE WILL	ENDEAVOR TO MAIL DAY	S WRITT	EN NOTICE TO THE
STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION TWIN TOWERS OFFICE BUILDING - MS 4555 2600 BLAIR STONE RD			CERTIFICATE HOLD	ER NAMED HEREIN, BUT F	AILURE TO MAIL SUCH NOTICE SHAL	L IMPOSE	NO OBLIGATION OR	
			LIABILITY OF ANY K	LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.				
			ISSUER OF THIS CE					
		TALLAHASSEE, FL 32399-2	400	AUTHORIZED REPRI of Marsh USA Inc. BY: Barry N.	1	Say Amit		
						USER		10.0
			방법 이 같은 것이 같은 것이 같은 것이 같이 없다.	MM1(3/02)		VALID AS OF	:08/15	/08

PRODUCER Marsh USA Inc. 1000 Main Street, Suite 3000 Houston, TX 77002 Attn: Specialty.CertRequest@marsh.com; 212-948-0564		HOU-000400671-18 08/15/08 COMPANIES AFFORDING COVERAGE		
		COMPANY E N/A		
		COMPANY F N/A		
0056-Veoli-Prima-08/09 OESNJ ** Yes	*Cinda	COMPANY		
INSURED +++Veolia ES Technical Solutions, LLC One Eden Lane Flanders, NJ 07836		G Commerce & Industry Ins. Co.		
		COMPANY H		
XT				
ORKER'S COMPENSATION: ARRIER: POLIC	CY NUMBER:		POLICY TERM:	
USURANCE COLOF THE STATE OF PA	1558356 (FL) ISEASE-POLICY LIM	IT: \$1,000,000	7/1/08 - 7/1/09 EL DISEASE-EACH EMPLOYEE: \$1,000,000.	
NSURANCE CO. OF THE STATE OF PA WC IMITS: EL EACH ACCIDENT: \$1,000,000 EL D	0623124 (MA) DISEASE-POLICY LIM	IIT: \$1,000,000	7/1/08 - 7/1/09 EL DISEASE-EACH EMPLOYEE: \$1,000,000.	
RTIFICATE HOLDER				
RTIFICATE HOLDER STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION TWIN TOWERS OFFICE BUILDING - MS 4555 2600 BLAIR STONE RD TALLAHASSEE, FL 32399-2400				

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

issued to VEOLIA ES TECHNICAL SOLUTIONS, LLC,	of 1 EDEN LANE - FLANDERS, NJ 07836						
Dated at HOUSTON, TX 77019-2128 this 1ST	_day of <u>JULY, 2008</u>						
Amending Policy No. CA 457 62 81	Effective Date 07/02/2008						
Name of Insurance CompanyINSURANCE COMPANY	Name of Insurance Company INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA						
Telephone Number (713) 342-7300 Countersigned b The policy to which this endorsement is attached provides prima	Y ry or excess indurance, as indicated by "XI", for the limits shown:						
company agrees to furnish the FHWA or the ICC a dupli	for amounts in excess of \$ for each accident						
notice in writing to the other party (said 35 days notic mailing shall be sufficient proof of notice), and (2) if the	ne company or the insured by giving (1) thirty-five (35) days to commence from the date the notice is mailed, proof of insured is subject to the ICC's jurisdiction, by providing thirty mmence from the date the notice is received by the ICC at its						
	D 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	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						
of these. ENVIRONMENTAL RESTORATION means restitution for the	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	authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does						

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terms, conditions and limitations in the policy to which the company to pay any final judgment recovered 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.

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

It is further understood and agreed that, upon failure of resulting from any other accident.

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-hiro 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

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	16 passengers or less		1,500,000
MC 1622k (10-99) UNIFORM INFORMATION SERVICES	۶, INC.	×.	Form MCS-90