



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

HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: Moran Environmental Recovery LLC

FACILITY ID NO: FLD092718576

FACILITY ADDRESS: 251 Levy Rd
Atlantic Beach, FL 32233-2613

INSURANCE CARRIER: AMERICAN INTL SPECIALTY

INSURANCE POLICY#: PROP15924922

EFFECTIVE DATE: February 28, 2009

EXPIRATION DATE: February 28, 2010

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: Richard Neves DATE: May 15, 2009

Richard Neves
Hazardous Waste Management Section
850/245-8755

RECEIVED

Are your services commercially available? Yes

APR 23 2009

STATE OF FLORIDA

BY: BSHWHAZARDOUS WASTE TRANSPORTER STATUS FORM1. Transporter Identification:Transporter Name: Moran Environmental Recovery, LLCTransporter EPA ID: FLD 092 718 576Location Address: 251 Levy RoadAtlantic Beach, FL 32233Contact: Jay DanielTelephone: 904-241-2200Mailing Address: 251 Levy RoadAtlantic Beach, FL 32233II. Insurance Information:Insurance Company: American International GroupAddress: 185 Asylum Street 25th FloorHartford, CTContact: Willis of CT, LLC

Telephone: _____

Policy Number: 15924922**PROP**Expiration date: 2/28/2010III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001D008D018F005

Comments: _____

IV. Certification:

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

Kate TimberlakeCompliance Specialist

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 02/28/10.

Date

APPROVED by Sebrena L. Bolton, changes approved by the Certifier by phone 5/15/2009

Signature of Florida Department of Environmental Protection Representative Date Signed

Hi Sebrena,
Here is another copy of the
Haz Waste transporter Status Form
for Moran. I'm still waiting for
the insurance form from AIG.

Please let me know if you have
any questions.

Thanks,
Kate

Kate Timberlake

Compliance Specialist

Northeast Headquarters
75 D York Avenue
Randolph, MA 02368

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ktimberlake@moranenvironmental.com
www.moranenvironmental.com



**Moran
Environmental
Recovery**

	Initials _____
	Date _____

STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY INSURANCE

1. American International Specialty Lines Insurance Company
(Name of Insurer)

(the "Insurer"), of 175 Water Street, NY, NY 10038
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

MORAN ENVIRONMENTAL RECOVERY, LLC
(Name of Insured)

(the "Insured"), of 75 D YORK AVENUE, RANDOLPH, MA 02368
(Address of Insured)
in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Location</u>
<u>FLD092718576</u>	<u>Moran Environmental</u>	<u>251 Levy Rd.</u>
	<u>Recovery, LLC</u>	<u>Atlantic Beach, FL 32233</u>

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of
\$ 1,000,000
for each accident, exclusive of legal defense costs. The coverage is provided
under policy number PROP 15924922, issued on 02/28/2009.

The effective date of said policy is 02/28/2009 (date) and the expiration date of said policy
is 02/28/2010 (date)

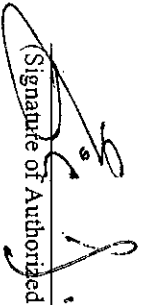
This insurance is excess and the company shall not be liable for amounts in excess of
\$ _____ for each accident in excess of the underlying limit of
\$ _____ for each accident, exclusive of legal defense costs. The coverage is provided
under policy number _____, issued on _____ (date). The effective date of
said policy is _____ (date) and the expiration date of said policy is _____ (date).

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
- (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.


(Signature of Authorized Representative of Insurer)

THOMAS ORABONA

(Typed name)

VICE PRESIDENT-ENVIRONMENTAL CASUALTY DIVISION

(Title)

Authorized Representative of

(Name of Insurer)

(Address of Representative)