



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

September 02, 2009

Donna Mahaney
Page E T C Inc
PO Box 1290
Weedsport, NY 13166-1290

Re: Florida Hazardous Waste Transporter Approval

Dear Donna Mahaney:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections 62-730.170 and 62-730.171, Florida Administrative Code(FAC), a copy of which is enclosed for your reference. Please note the following.

1. You must demonstrate proof of liability coverage on an annual basis, even if your insurance policy is issued on a multi-year basis. If no changes in status or insurance coverage have occurred, you can meet this requirement by submitting a certificate of liability coverage form along with the two copies of the Hazardous Waste Transporter Status Form, copies of which are available upon request from the Department of Environmental Protection.
2. A copy of your insurance policy, together with any endorsements, must be maintained at your principal place of business.
3. Your insurer can not terminate your coverage until 30 days after filing written notice with DEP, by Certified mail, that your policy has expired or has been canceled.
4. Any changes to the information specified on your approval certificate will render it null and void. It is your responsibility to advise DEP of any changes in liability coverage or status.
5. A copy of Hazardous Waste Transporter Status Form, complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.

Donna Mahaney
September 02, 2009
Page Two

If you intend to operate a hazardous waste transfer facility, you must submit a Transfer Facility Form [Form 62-730.900(6)]. Notification also must include a contingency and emergency plan and a facility closure plan in accordance with Rule 62-730.171(3)(a), F.A.C. The owner or operator must also demonstrate to the satisfaction of the Department that the location complies with the relevant siting requirements listed in section 403.7211(2) Florida Statutes (F.S) before the location is used as a transfer facility.

If you are currently operating an authorized transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and, unless otherwise approved by the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171(6), F.A.C.

If you have any questions, please contact me at 850/245-8755.

Sincerely,

A handwritten signature in black ink, appearing to read 'Aprilia Graves'.

Aprilia Graves
Engineering Specialist
Hazardous Waste Regulation Section

RN

Enclosures: Hazardous Waste Transporter Approval Certificate
Hazardous Waste Transporter Status Form (with insurance verification)
Sections [62-730.170](#) and [62-730.171](#) , FAC



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2600 Blairstone Road
Tallahassee, Florida 32399-2400

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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: Page E T C Inc

FACILITY ID NO: NYD986969947

FACILITY ADDRESS: 2758 TROMBLEY ROAD
WEEDSPORT, NY 13166

INSURANCE CARRIER: XL SPECIALTY INSURANCE

INSURANCE POLICY#: PEC002702601

EFFECTIVE DATE: August 06, 2009

EXPIRATION DATE: August 06, 2010

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: *Aprilia Graves* DATE: September 02, 2009
Aprilia Graves
Engineering Specialist
Hazardous Waste Regulation Section
850/245-8755

rev.0(Oct 91)

AUG 10 2009

Are your services commercially available? Yes

STATE OF FLORIDA

RECEIVED

HAZARDOUS WASTE TRANSPORTER STATUS FORM

I. Transporter Identification:

Transporter Name: Page E.T.C., Inc.
 Transporter EPA ID: NYD986869947
 Location Address: 2758 Trombley RD
Weedsport, NY 13166
 Contact: Donna Mahaney Telephone: 315 834 6681
 Mailing Address: PO Box 1290
Weedsport, NY 13166

II. Insurance Information:

Insurance Company: XL Speciality Inc
 Address: 100 Constitutional Ave
Hartford, CT
 Contact: Samantha McCue Telephone: 610 668 7100
 Policy Number: APC0027022-01 **PEC002702601**
 Expiration date: 8/6/10

III. Waste Information:

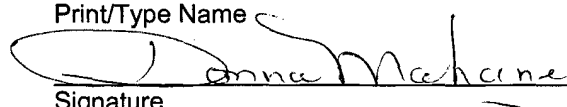
EPA Waste Codes for Waste Routinely or Usually Transported:

D001 thru D040 F001 thru F006 K061

Comments: _____

IV. Certification:

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

Donna Mahaney	Compliance
Print/Type Name	Title
	7/31/09
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 **8/6/2010** Date

APPROVED by Tiffaney A. Noland, changes approved by the Certifier by phone 9/2/2009
 Signature of Florida Department of Environmental Protection Representative Date Signed



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)



Initials

Date

RCRA Info

EPA ID NYD986969947

MTS

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?

AUG 10 2009

BY: BSHW

2. Facility or Business Name

PAGE ETC INC

FEID No.

251314047

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

Name of Operator:

DANIEL TITUS

☐ New Operator

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

Street or P.O. Box:

2758 TROMBLEY RD

Phone Number:

(315) 834-6681

City or Town:

WEEDSPORT

State:

NY

Zip Code:

13166

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical Location Information

Physical Street Address:

2758 TROMBLEY RD

City or Town:

WEEDSPORT

State:

NY

Zip Code:

13166

County:

Choose

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

Latitude:

dd

mm

ss

ssss

Longitude:

dd

mm

ss

ssss

Method:

Datum:

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

A.

484121

B.

C.

D.

6. Facility or Business Mailing Address

Street Address or P.O. Box:

PO BOX 1290

City or Town:

WEEDSPORT

State:

NY

Zip Code:

13166

7. Facility or Business Contact Person

First Name:

DONNA

Last Name:

MAHANEY

Title:

COMPLIANCE

Phone Number:

(315) 834-6681

Extension:

213

E-Mail: DMAHANEY@PAGETRUCKING.COM

Street or P.O. Box:

PO BOX 1290

City or Town:

WEEDSPORT

State:

NY

Zip Code:

13166

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:

☐ New Owner

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

Street or P.O. Box:

Phone Number:

City or Town:

State:

Zip Code:

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 XL SPECIALITY INS CO

Address 100 CONSTITUTIONAL AVE

HARTFORD, CT 06103

Contact Samantha McCue Telephone (610) 668-7100

Policy Number AEC0027022-01 Expiration date 08/06/2010

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(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.

NYD986969947

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	D008	2	D040	3	F001	4	F006	5	K061	6		7	
8	D001	9	D003	10	D007	11	D010	12	D018	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 _____

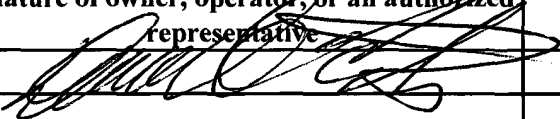
Address _____

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

DANIEL TITUS

Date Signed
(mm-dd-yyyy)

07-30-2009

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

DONNA MAHANEY

31585346681

DMAHANEY@PAGETRUCKING.COM

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

Noland, Tiffaney

From: Estelle Rooney [erooney@ecbm.com]
Sent: Wednesday, September 02, 2009 4:14 PM
To: Noland, Tiffaney
Subject: RE: REVISED CERTIFICATE

XL is the Insurance Company. Do I need to add this to the certificate? Estelle

From: Noland, Tiffaney [mailto:Tiffaney.Noland@dep.state.fl.us]
Sent: Wednesday, September 02, 2009 4:07 PM
To: Estelle Rooney
Subject: RE: REVISED CERTIFICATE

Got it. So does XL carry their Pollution coverage?
Thanks,
Tiff

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#). Thank you in advance for completing the survey.

From: Estelle Rooney [mailto:erooney@ecbm.com]
Sent: Wednesday, September 02, 2009 4:02 PM
To: Noland, Tiffaney
Subject: REVISED CERTIFICATE

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
9/2/2009

PRODUCER (610) 668-7100 FAX: (610) 667-2208

ECBM LP

300 Conshohocken State Rd
Suite 405

West Conshohocken PA 19428

INSURED

Keith Titus Corp.; Page Transportation, Inc.;
Page E.T.C., Inc.

P.O. Box 920

Weedsport NY 13166

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

NAIC #

INSURER A: Indian Harbor Insurance

INSURER B: XL Specialty Insurance

INSURER C: Greenwich Insurance

INSURER D: Fireman's Fund Ins Co

21873

INSURER E: Ins. Co. of State of PA

COVERAGESTHE 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 INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	GEC0027021-01	8/6/2009	8/6/2010	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 2,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B		AUTOMOBILE LIABILITY	AEC0027022-01 Trailer Interchange \$50,000/\$100/\$1000 Ded. \$2,000 Deductible \$2,000 Deductible	8/6/2009	8/6/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				
B		<input checked="" type="checkbox"/> Comprehensive	AEC0027022-01 Legal Liability	8/6/2009	8/6/2010	AUTO ONLY - EA ACCIDENT \$ \$150,000
		<input checked="" type="checkbox"/> Collision				OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
C		GARAGE LIABILITY	AEC0027022-01 Legal Liability	8/6/2009	8/6/2010	EACH OCCURRENCE \$ 7,000,000
		<input checked="" type="checkbox"/> ANY AUTO				AGGREGATE \$ 7,000,000
E		EXCESS/UMBRELLA LIABILITY	UEC0027025-01	8/6/2009	8/6/2010	EACH OCCURRENCE \$ 7,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 7,000,000
E		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC189-49213	8/1/2009	8/1/2010	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT \$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D		OTHER Motor Truck Cargo	MZI97370847	8/6/2009	8/6/2010	Per Vehicle \$250,000
						Deductible \$5,000

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

As provided for in section 320.02 (5) (e), Florida Statutes, the listed insurance policy(s) and or surety bond(s) may not be canceled on less than 30 days written notice by the insurer to the Dept. of Highway & Safety & Motor vehicles, such 30 days notice to commence from the date notice is received by the dept.

Pollution Liability - PEC002702601

CERTIFICATE HOLDERState of Florida Dept. of Environmental
Protection- Hazardous Waste Mgmt
Sect MS45555
2600 Blair Stone Road
Tallahassee, FL 32399-2400**CANCELLATION**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL
10 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

Joyce Shefsky/MCCSAM



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.

COMMENTS/REMARKS

Effective: 8/6/2009 - 8/6/2011
Limit: \$6,000,000
Retention: \$25,000