



## 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

October 01, 2009

Mike Hurst  
Freehold Cartage Inc  
825 State Route 33  
Freehold, NJ 7728-8431

Re: Florida Hazardous Waste Transporter Approval

Dear Mike Hurst:

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.

Mike Hurst  
October 01, 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 that reads "Aprilia Graves". The signature is written in a cursive, flowing style.

Aprilia Graves  
Engineering Specialist IV  
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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\*\*\*\*\*

## HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

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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: Freehold Cartage Inc

FACILITY ID NO: NJD054126164

FACILITY ADDRESS: 825 Highway 33  
Freehold, NJ 7728

INSURANCE CARRIER: ZURICH AMERICAN INSURANCE

INSURANCE POLICY#: TRK368448909

EFFECTIVE DATE: October 01, 2009

EXPIRATION DATE: October 01, 2010

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: Aprilia Graves DATE: October 01, 2009

Aprilia Graves  
Engineering Specialist IV  
Hazardous Waste Regulation Section  
850/245-8755

## Noland, Tiffaney

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**From:** Jack Fitzsimmons [jackfitz@freeholdcartage.com]  
**Sent:** Thursday, October 01, 2009 12:05 PM  
**To:** Noland, Tiffaney  
**Subject:** RE: Freehold Cartage email

*Anytime, Have a Great Day.*

*Jack Fitzsimmons*  
*Operations*  
*Freehold Cartage, Inc.*  
*Ph# 732-462-1001 Ext-7222*  
*Fax 732-308-0924*  
[jackfitz@freeholdcartage.com](mailto:jackfitz@freeholdcartage.com)

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**From:** Noland, Tiffaney [mailto:Tiffaney.Noland@dep.state.fl.us]  
**Sent:** Thursday, October 01, 2009 11:52 AM  
**To:** Jack Fitzsimmons  
**Subject:** RE: Freehold Cartage email

I am sorry, just trying to get all this correct so we won't have to ask the same questions next year. I am just going to replace page 3 on your NJ# 8700-12 with a blank page since you do not transport Mercury or Used Oil under the NJ#.

Thanks again for all your help,  
Tiff

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**From:** Jack Fitzsimmons [mailto:jackfitz@freeholdcartage.com]  
**Sent:** Thursday, October 01, 2009 11:43 AM  
**To:** Noland, Tiffaney  
**Subject:** RE: Freehold Cartage email

*The used oil and Mercury are transported under the Florida # and Hazardous Waste is transported under both numbers.*

*Jack Fitzsimmons*  
*Operations*  
*Freehold Cartage, Inc.*  
*Ph# 732-462-1001 Ext-7222*  
*Fax 732-308-0924*  
[jackfitz@freeholdcartage.com](mailto:jackfitz@freeholdcartage.com)

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**From:** Noland, Tiffaney [mailto:Tiffaney.Noland@dep.state.fl.us]  
**Sent:** Thursday, October 01, 2009 11:38 AM  
**To:** Jack Fitzsimmons  
**Subject:** FW: Freehold Cartage email

Hi Jack,

Can you clarify which EPA ID# your are transporting Used Oil, Mercury and Hazardous Waste under so we can make sure that our records are correct?

Thanks,  
Tiff

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**From:** Noland, Tiffaney  
**Sent:** Wednesday, September 30, 2009 1:40 PM  
**To:** 'Jack Fitzsimmons'  
**Subject:** RE: Freehold Cartage email

Okay, I didn't realize that. In that case, I don't need the revised 8700-12FL for the FL # so I will just disregard that therefore, I will not need you to put it in the mail either. I'll make sure our records are correct and go ahead and start processing your 8700-12fL for your NJ facility. Thanks again for all your help and cooperation.

Thanks,  
Tiff

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**From:** Jack Fitzsimmons [mailto:jackfitz@freeholdcartage.com]  
**Sent:** Wednesday, September 30, 2009 1:35 PM  
**To:** Noland, Tiffaney  
**Subject:** RE: Freehold Cartage email

*Yes that is correct.*

*Jack Fitzsimmons  
Operations  
Freehold Cartage, Inc.  
Ph# 732-462-1001 Ext-7222  
Fax 732-308-0924  
[jackfitz@freeholdcartage.com](mailto:jackfitz@freeholdcartage.com)*

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**From:** Noland, Tiffaney [mailto:Tiffaney.Noland@dep.state.fl.us]  
**Sent:** Wednesday, September 30, 2009 1:34 PM  
**To:** Jack Fitzsimmons  
**Subject:** RE: Freehold Cartage email

Nothing at all. I can use the forms that you just sent to me. So you transport under the NJ # as well as the FL #?

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**From:** Jack Fitzsimmons [mailto:jackfitz@freeholdcartage.com]  
**Sent:** Wednesday, September 30, 2009 1:21 PM  
**To:** Noland, Tiffaney  
**Subject:** RE: Freehold Cartage email

*Our main office is in New Jersey, our main transporter number is NJD054126164 we transport under both numbers.  
What do I need to change on the form to reflect that.*

*Jack Fitzsimmons  
Operations*

*Freehold Cartage, Inc.*  
*Ph# 732-462-1001 Ext-7222*  
*Fax 732-308-0924*  
[jackfitz@freeholdcartage.com](mailto:jackfitz@freeholdcartage.com)

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**From:** Noland, Tiffaney [mailto:Tiffaney.Noland@dep.state.fl.us]  
**Sent:** Wednesday, September 30, 2009 1:17 PM  
**To:** Jack Fitzsimmons  
**Subject:** FW: Freehold Cartage email

Hi Mr. Fitzsimmons,

Per the e-mail attached, you stated that you were no longer transporting under the NJ#. Will you let me know if that is still the case?

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.*

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**From:** Sullivan, Theresa A.  
**Sent:** Wednesday, September 30, 2009 1:11 PM  
**To:** Noland, Tiffaney  
**Subject:** Freehold Cartage email

Tiffaney, This is the email I was telling you about.

Are your services commercially available? YES

## STATE OF FLORIDA

### HAZARDOUS WASTE TRANSPORTER STATUS FORM

RECEIVED

SEP 16 2009

BY: BSHW

I. Transporter Identification:

Transporter Name: FREEHOLD CARTAGE, INC.

Transporter EPA ID: NJD 054 126 164

Location Address: 825 Highway 33

FREEHOLD, NEW JERSEY 07728

Contact: Jack Fitzsimmons Telephone: 732-462-1001 Ext 7222

Mailing Address: PO BOX 5010  
FREEHOLD, NEW JERSEY 07728

II. Insurance Information:

Insurance Company: ZURICH AMERICAN INSURANCE COMPANY

Address: PO BOX 96520, CHICAGO, IL 60693

Contact: Chris Stafford Telephone: 856-914-4656

Policy Number: TRK3681189 09

Expiration date: 10/01/2010

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D002 D003 D004 F001 F002 F003

Comments: All RCRA Waste Codes are handled by Freehold Cartage, Inc.

IV. Certification:

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

Jack Fitzsimmons

Operations

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 10/1/2010 Date

**APPROVED by Tiffaney A. Noland, changes approved by the Certifier by phone 10/1/2009**

Signature of Florida Department of Environmental Protection Representative Date Signed

		<b>8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY</b> 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		<div style="border: 1px solid black; padding: 2px; display: inline-block;">         N J D 0 5 4 1 2 6 1 6 4       </div>		MTS <span style="float: right;">RCRAInfo</span>	
<b>1. Reason for Submittal</b>		Mark 'X' in correct box: <div style="margin-left: 20px;"> <input type="checkbox"/> To provide <b>initial notification</b> (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).  <input checked="" type="checkbox"/> To provide <b>subsequent notification</b> (to update status and facility identification information).  <input type="checkbox"/> Is this the <b>final notification</b> (see instructions) for the facility?         </div>			
<b>2. Facility or Business Name</b>		FREEHOLD CARTAGE, INC.		<b>FEID No.</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">         2 1 0 7 3 5 2 9 7       </div>	
<b>3. Facility Operator</b> (List additional Operators in the comments section).		<b>Name of Operator:</b> FREEHOLD CARTAGE, INC.		<input type="checkbox"/> <b>New Operator</b> Date became Operator: ____/____/____ <div style="text-align: right; font-size: small;">mm dd yy</div>	
		<b>Street or P.O. Box:</b>		<b>Phone Number:</b>	
		825 HIGHWAY 33		732-462-1001	
		<b>City or Town:</b>		<b>State:</b>	
		FREEHOLD		NJ	
		<b>Zip Code:</b>		<b>Operator Type:</b>	
		07728		<input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____	
<b>4. Facility Physical Location Information</b>		<b>Physical Street Address:</b>			
		825 HIGHWAY 33, PO BOX 5010			
		<b>City or Town:</b>		<b>State:</b>	
		FREEHOLD		NJ	
		<b>County:</b> Choose ____		<b>Zip Code:</b>	
		07728		If available, please attach a map or sketch of the facility boundaries.	
		<b>Latitude:</b>			
		4 0 2 4 9 0 . ____ <div style="display: flex; justify-content: space-around; font-size: x-small;"> <span>dd mm ss .ssss</span> <span>dd mm ss .ssss</span> <span>Datum:</span> </div>			
		<b>Longitude:</b>			
		7 4 2 5 0 5 . ____ <div style="display: flex; justify-content: space-around; font-size: x-small;"> <span>dd mm ss .ssss</span> <span>dd mm ss .ssss</span> </div>			
<b>5. Facility North American Industry Classification System (NAICS) Code(s)</b>		<b>A.</b>		<b>B.</b>	
		56212		562119	
		<b>C.</b>		<b>D.</b>	
<b>6. Facility or Business Mailing Address</b>		<b>Street Address or P.O. Box:</b>			
		PO BOX 5010			
		<b>City or Town:</b>		<b>State:</b>	
		FREEHOLD		NJ	
		<b>Zip Code:</b>		<b>First Name:</b>	
		07728		Jack	
<b>7. Facility or Business Contact Person</b>		<b>Last Name:</b>		<b>Title:</b>	
		Fitzsimmons		Operations	
		<b>Phone Number:</b>		<b>Extension:</b>	
		732-462-1001		7222	
		<b>E-Mail:</b>			
		jackfitz@freeholdcartage.com			
		<b>Street or P.O. Box:</b>			
		825 HIGHWAY 33, PO BOX 5010			
		<b>City or Town:</b>		<b>State:</b>	
		FREEHOLD		NJ	
		<b>Zip Code:</b>		<b>8. Real Property (Land) Owner of the Facility's Physical Location</b> (List additional real property owners in the comments section.)	
		07728		<b>Name of Real Property (Land) Owner:</b>	
		07728		BURCHET INC.	
		<b>Street or P.O. Box:</b>		<input type="checkbox"/> <b>New Owner</b> Date became Owner: 08 / 23 / 1962 <div style="text-align: right; font-size: small;">mm dd yy</div>	
		PO BOX 5010		732-462-1001	
		<b>City or Town:</b>		<b>State:</b>	
		FREEHOLD		NJ	
		<b>Zip Code:</b>		<b>Owner Type:</b>	
		07728		<input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> 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 ZURICH AMERICAN INSURANCE COMPANYAddress PO BOX 96520  
CHICAGO, ILLINOIS 60693Contact Chris StaffordTelephone 856-9144656Policy Number TRK368118909Expiration date 10/01/2010d. **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

**(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.

~~FEED-107034~~**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	D004	5	F001	6	F002	7	F003
8		9		10		11		12		13		14	
15	ALL	16	RCRA	17	WAST	18	CODE	19	ARE	20	TRAN	21	SPOR
22	TED	23	BY	24	FCI	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)

Jack Fitzsimmons-Operations

09/10/2009

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

Jack Fitzsimmons

732-462-1001-7222

jackfitz@freeholdcartage.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**

**STATE OF FLORIDA**  
**HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY**  
**INSURANCE**

1. A. ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS B. STEADFAST INS. CO.  
(Name of Insurer)

(the "Insurer"), of PO BOX 96520, CHICAGO, IL 60693  
(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

FREEHOLD CARTAGE, INC.

(Name of Insured)

(the "Insured"), of 175 BARTOW MUNICIPAL AIRPORT, BARTOW, FL 33830  
(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>
NJD054126164	FREEHOLD CARTAGE, INC.	BARTOW, FLORIDA 33830

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

A. 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 TRK368118909 issued on 10-1-09.

The effective date of said policy is 10-1-09 (date) and the expiration date of said policy is 10-1-10 (date).

B. This insurance is excess and the company shall not be liable for amounts in excess of \$ 4,000,000 for each accident in excess of the underlying limit of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number SE0586048305 issued on 10-1-09 (date). The effective date of said policy is 10-1-09 (date) and the expiration date of said policy is 10-1-10 (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)

Joan M. Williams  
(Typed name)

Account Manager  
(Title)

Authorized Representative of

ZURICH AMERICAN & STEADFAST  
(Name of Insurer)

1015 Briggs Road, Mount Laurel, NJ 08054  
(Address of Representative)