



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

November 09, 2009

Joe Lawhon
Tonawanda Tank Transport Service, Inc
PO Box H
Buffalo, NY 14217

Re: Florida Hazardous Waste Transporter Approval

Dear Joe Lawhon:

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.

Joe Lawhon
November 09, 2009
Page Two

If you intend to operate a hazardous waste transfer facility, please refer to Form 8700-12FL, page 2, item 7(e) for a list of all the required documents that must be submitted.

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, 7(6), F.A.C. Also, please review the attached letter of March 11, 2009 addressed to all hazardous waste transporters who have notified of existing transfer facilities, subject: Required Submittal of Supplemental Information.

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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2600 Blairstone Road
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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: Tonawanda Tank Transport Service, Inc

FACILITY ID NO: NYD097644801

FACILITY ADDRESS: 1140 MILITARY RD
BUFFALO, NY 14217

INSURANCE CARRIER: ZURICH AMERICAN INSURANCE

INSURANCE POLICY#: TRK3560636-10

EFFECTIVE DATE: October 22, 2009

EXPIRATION DATE: October 22, 2010

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: Aprilia Graves DATE: November 09, 2009
Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Section
850/245-8755

Are your services commercially available? Yes

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

I. Transporter Identification:

Transporter Name: Tonawanda Tank Transport Service Inc.
Transporter EPA ID: NYD 097 644 801
Location Address: 1140 Military Rd
Buffalo, NY 14217
Contact: Joseph Lawhon Telephone: (716) 874-0400
Mailing Address: P.O. Box H
Buffalo, NY 14217

II. Insurance Information:

Insurance Company: Zurich
Address: Zurich Towers
1400 American Lane Schaumburg, IL 80196-1056
Contact: Alden White Telephone: (212) 513-0300
Policy Number: TRK3560636-10
Expiration date: 10-22-10

III. Waste Information:

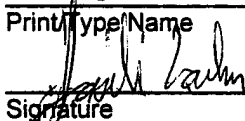
EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D002 D008 U122 F002 F003 R062

Comments: Also, all other characteristics and listed
waste codes

IV. Certification:

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

Joseph Lawhon	General Manager
Print/Type Name	Title
	<u>11/13/09</u>
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 10-22-2010 Date

APPROVED by Tiffaney A. Noland, changes approved by the Certifier by phone 11/9/2009

Signature of Florida Department of Environmental Protection Representative Date Signed



November 3, 2009

Ms. Sebrina L. Bolton
Florida Dept. of Environmental Protection
Hazardous Waste Management Section
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Re: Hazardous Waste Transporter Certificate of Approval

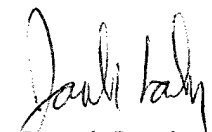
Dear Ms. Peck:

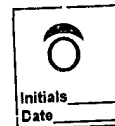
Enclosed please find the following:

1. Florida notification of Regulated Waste
2. Hazardous Waste Transporter Status Form
3. Certificate of Liability Insurance Form

Kindly contact me with any questions concerning this submission or in the event that you require any additional information. Thank you for your assistance and your patience.

Sincerely,


Joseph Lawhon
General Manager





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 NYD097644801

MTS

RCRA Info

RECEIVED

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?

NOV 04 2009

BY: BSHW

2 Facility or Business Name

Tonawanda Tank Transport Service Inc

FEID No

1 6 1 1 1 1 9 1 4

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

Name of Operator

☐ New Operator

Date became Operator ____/____/____
mm dd yy

Street or P O Box

1140 Military Road P O Box H

Phone Number

(716) 874-0400

City or Town

Buffalo

State

NY

Zip Code

14217

Operator Type

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4 Facility Physical Location Information

Physical Street Address

Same

City or Town

State

FL

Zip Code

County

Choose__

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

Latitude

____/____/____
d d m m s s ssss

Longitude

____/____/____
d d m m s s 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

City or Town

State

Zip Code

7 Facility or Business Contact Person

First Name

Joseph

Last Name

Lawhon

Title

General Manager

Phone Number

(716) 874-0400

Extension

E-Mail

jlawhon@tecwaste.com

Street or P O Box

City or Town

State

Zip Code

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 Zurich American Insurance CompanyAddress One Liberty PlazaNew York, NY 10006Contact Alden White Telephone (212) 513-0300Policy Number TRK 3560636 Expiration date 10/22/2010**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.]

(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.

NYD097644801

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	2	3	4	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.

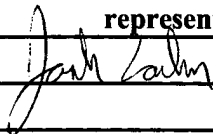
Contact _____ Phone _____

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**

Joseph Lawhon

Date Signed (mm-dd-yyyy)

11/03/2009

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

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY
INSURANCE

1. ZURICH AMERICAN INSURANCE COMPANY
(Name of Insurer)

(the "Insurer"), of ONE LIBERTY PLAZA NEW YORK, NY 10006
(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

TONAWANDA TANK TRANSPORT SERVICE, INC.
(Name of Insured)

(the "Insured"), of 1140 MILITARY ROAD, BUFFALO NY 14217
(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>
-------------------------	-------------	-----------------

(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 TRK3560636, issued on 10/22/2009.
(date)

The effective date of said policy is _____ and the expiration date of said policy
(date)
is _____.
(date)

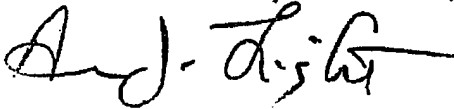
This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident, exclusive of legal defense costs. The coverage is provided under policy number _____, issued on _____. The effective date of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

ANDREW J. LIGHT

(Typed name)

AGENT

(Title)

Authorized Representative of

ZURICH AMERICAN INSURANCE COMPANY

(Name of Insurer)

P. O. BOX 1000 COLCHESTER, VT 05446

(Address of Representative)

**STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER LIABILITY
ENDORSEMENT**

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences 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>
-------------------------	-------------	-----------------

(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 the legal defense costs.

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.

2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d):

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.

(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 this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (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

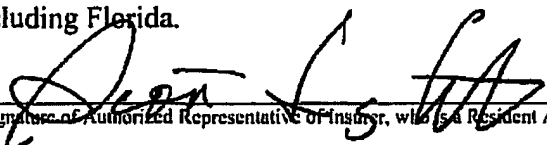
such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.

(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.

Attached to and forming part of policy No. TRK 3560636 issued by
ZURICH AMERICAN INS CO, herein called the Insurer, of
[Name of Insurer]
ONE LIBERTY PLAZA, NEW YORK, NY 10006 to
[Address of Insurer]
TONAWANDA TANK TRANSPORT SERVICE, INC. of
[Name of Insured]
1140 MILITARY ROAD BUFFALO, NY 14217
[Address of Insured]

this 22ND day of OCTOBER, 2009. The effective date of said
(Day) (Month) (Year)
policy is 22ND day of OCTOBER, 2009.
(Day) (Month) (Year)

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 or more states including Florida.


[Signature of Authorized Representative of Insurer, who is a Resident Agent of Florida]

W. SCOTT LIGHT
[Type Name]
AGENT
[Title]

Authorized Representative of

ZURICH AMERICAN INSURANCE COMPANY
[Name of Insurer]
ONE LIBERTY PLAZA NEW YORK, NY 10006
[Address of Representative]

HUB INT'L TRANSPORTATION INS. SERVICES, INC.PO Box 1000 • Colchester, VT 05446-5000
Phone (802) 654-4500 • Fax (802) 654-4514**CERTIFICATE OF
INSURANCE****INSURED**

Phone 716-873-9703

TONAWANDA TANK TRANSPORT SERVICE, INC.
TONAWANDA LEASING CORP. & TONAWANDA ENVIRONMENTAL CORP.
P. O. BOX H, 1140 MILITARY ROAD
BUFFALO NY 14217**ISSUE DATE:** 10-21-2009**PRODUCER:** Andy Light**ISSUED BY:** Cindy Cota

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.

COVERAGES

Fed ID # 16-1111914 MC # 152173

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 CONTACT 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.

TYPE OF INSURANCE	COMPANY/POLICY # - EFFECTIVE & EXPIRATION DATES	LIMITS
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-owned Autos <input checked="" type="checkbox"/> Garage Liability <input type="checkbox"/> Other	ZURICH AMERICAN INSURANCE COMPANY POLICY NUMBER: TRK3560636 10 POLICY PERIOD FROM: 10-22-2009 TO: 10-22-2010 155	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Owner's & Contractors Prot. <input type="checkbox"/>	STEADFAST INSURANCE COMPANY POLICY NUMBER: GPL 3568479 09 POLICY PERIOD FROM: 10-22-2009 TO: 10-22-2010 155	GENERAL AGGREGATE \$1,000,000 PRODUCTS-COMP/OP AGG. \$1,000,000 PERSONAL & ADV. INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED. EXPENSE (Any one person) \$5,000
EXCESS LIABILITY <input checked="" type="checkbox"/> Umbrella <input type="checkbox"/> Other Than Umbrella	STEADFAST INSURANCE COMPANY POLICY NUMBER: SE03567902-09 POLICY PERIOD FROM: 10-22-2009 TO: 10-22-2010 155	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
MOTOR TRUCK CARGO	HARTFORD INSURANCE COMPANY POLICY NUMBER: 04 MS KJ1235K1 POLICY PERIOD FROM: 10-22-2009 TO: 10-22-2010 119	PER VEHICLE \$100,000 DEDUCTIBLE \$1,000 PER DISASTER REEFER DEDUCTIBLE
WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	POLICY NUMBER: POLICY PERIOD FROM: TO:	STATUTORY LIMITS EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE
PHYSICAL DAMAGE	ZURICH POLICY NUMBER: TRK3560636 POLICY PERIOD FROM: 10-22-2009 TO: 10-22-2010	\$2,000 deductible collision \$2,000 deductible otc

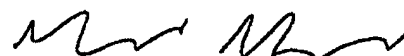
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Fax Number:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 REPRESENTATIVESTATE OF FLORIDA DEPT. OF ENVIRONMENTAL
PROTECTION HAZARDOUS WASTE MANAGEMENT SECTION
2600 BLAIR STONE ROAD MS 4550
TALLAHASSEE FL 32399