



## 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

June 22, 2010

Colleen Orth  
Hazmat Environmental Group Inc  
60 Commerce Dr  
Buffalo, NY 14218-1040

Re: Florida Hazardous Waste Transporter Approval

Dear Colleen Orth:

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.

Colleen Orth  
June 22, 2010  
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, appearing to read "Aprilia Graves". The signature is fluid and cursive, with the first name "Aprilia" written in a larger, more prominent script than the last name "Graves".

Aprilia Graves  
Engineering Specialist IV  
Hazardous Waste Regulation Section

AG

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: Hazmat Environmental Group Inc

FACILITY ID NO: NYD980769947

FACILITY ADDRESS: 60 COMMERCE DRIVE  
BUFFALO, NY 14218

INSURANCE CARRIER: ZURICH AMERICAN INSURANCE

INSURANCE POLICY#: TRK 5398006-07

EFFECTIVE DATE: June 09, 2010

EXPIRATION DATE: June 09, 2011

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: Aprilia Graves DATE: June 22, 2010  
Aprilia Graves  
Engineering Specialist IV  
Hazardous Waste Regulation Section  
850/245-8755

Received

JUN 16 2010

BSHW

Are your services commercially available? Yes

## STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM1. Transporter Identification:Transporter Name: HazMat Environmental Group, Inc.Transporter EPA ID: NYD 980 769 947Location Address: 60 Commerce DriveBuffalo, NY 14218Contact: Sharon Paolini Telephone: (716) 827-7200 ext. 8287Mailing Address: 60 Commerce DriveBuffalo, NY 14218II. Insurance Information:Insurance Company: Zurich American Insurance Co.Address: One Liberty PlazaNew York, New York 10006Contact: Patrick Pean Telephone: (212) 553-5617Policy Number: TRK5398006-07Expiration date: 06/09/2011III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

All types of RCRA hazardous wastes and TSCA PCB materials.

Comments: HazMat is a for-hire carrier specializing in the transportation of hazardous materials and hazardous wastes. HazMat is permitted to transport all DOT hazard class material with the exception of explosives (class 1) and high-specific-activity radioactives (class 7)

NOTE: HazMat transports LSA class 7 radioactives only.

IV. Certification:


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

<u>Dennis J. Dintino</u>	<u>President</u>
Print/Type Name	Title
<u>[Signature]</u>	<u>6/16/10</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 06/09/2011

APPROVED by Theresa A. Sullivan, changes approved by the Certifier by phone 06/22/2010

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		(DO NOT WRITE IN THESE SPACES) (FOR AGENCY USE ONLY)	
EPA ID: <b>N Y D 9 8 0 7 6 9 9 4 7</b>		MTS:		RCR:	
<b>1. Reason for Submittal</b>		Mark 'X' in correct box: <input type="checkbox"/> To provide <u>initial notification</u> (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide <u>subsequent notification</u> (to update status and facility identification information). <input type="checkbox"/> Is this the <u>final notification</u> (see instructions) for the facility?			
<b>2. Facility or Business Name</b>		HAZMAT ENVIRONMENTAL GROUP, INC.		<b>FEID No.</b> <b>0 6 1 1 0 7 7 5 7</b>	
<b>3. Facility Operator</b> (List additional Operators in the comments section).		Name of Operator: HAZMAT ENVIRONMENTAL GROUP, INC.		<input type="checkbox"/> New Operator Date became Operator: ____/____/____ mm dd yy	
		Street or P.O. Box: 60 COMMERCE DRIVE		Phone Number: 716-827-7200	
		City or Town: BUFFALO		State: NY Zip Code: 14218	
		Operator Type: <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>		Physical Street Address: 60 COMMERC DRIVE			
		City or Town: BUFFALO		State: NY Zip Code: 14218	
		County: Choose ____		If available, please attach a map or sketch of the facility boundaries.	
		Latitude: <b>4 2 4 9 4 2 0</b> Longitude: <b>7 8 5 1 0 5</b> Method: ____ dd mm ss . ssss dd mm ss . ssss Datum: ____			
<b>5. Facility North American Industry Classification System (NAICS) Code(s)</b>		A. 484121		B.	
		C.		D.	
<b>6. Facility or Business Mailing Address</b>		Street Address or P.O. Box: 60 COMMERCE DRIVE			
		City or Town: BUFFALO		State: NY Zip Code: 14218	
<b>7. Facility or Business Contact Person</b>		First Name: COLLEEN		Last Name: ORTH	
		Phone Number: 716-827-7200		Extension: 8286	
		E-Mail: Corth@hazmatinc.com		Title: Compliance Manager	
		Street or P.O. Box: 60 COMMERCE DRIVE			
		City or Town: BUFFALO		State: NY Zip Code: 14218	
<b>8. Real Property (Land) Owner of the Facility's Physical Location</b> (List additional real property owners in the comments section.)		Name of Real Property (Land) Owner:		<input type="checkbox"/> New Owner Date became Owner: ____/____/____ mm dd yy	
		Street or P.O. Box:		Phone Number:	
		City or Town:		State: Zip Code:	
		Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

NYD980769947

### A. Hazardous Waste Activities:

**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. 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

- ☐ 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.

**In addition, indicate other generator activities that apply.**

- ☐ d. United States Importer of hazardous waste  
☐ e. Mixed Waste (hazardous and radioactive) Generator

- (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

Address 60 State Street

Boston, MA 02109

Contact \_\_\_\_\_ Telephone (800) 382-2150

Policy Number	TRK539800607	Expiration date	06/09/2011
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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**

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<b>B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):</b>				
<input type="checkbox"/> Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated <input type="checkbox"/> Small Quantity Handler (SQH) = always less than 5,000 kg accumulated  <input type="checkbox"/> Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler <input type="checkbox"/> Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler  <input type="checkbox"/> Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler <input type="checkbox"/> Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler <div style="text-align: center;">[Note: 4 lamps = 1 kg, 62-737.200(10)]</div> <input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated <input type="checkbox"/> Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated <input type="checkbox"/> Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated				
<b>(1) For those Managing</b>	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	<b>(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.</b>
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"/>
<b>(3) Mercury Recovery and/or Reclamation Facility</b>			<input type="checkbox"/>	Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
[Chapter 62-737, F.A.C.]				
<b>(4) Reverse Distributor of UW</b>		<input type="checkbox"/>	Pharmaceuticals	<input type="checkbox"/>
			Lamps	<input type="checkbox"/>
			Devices	<input type="checkbox"/>
<b>(5) Destination Facility for UW</b>		<input type="checkbox"/>	Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.	
<b>C. Used Oil Activities:</b>				
<b>(1) Used Oil Transporter - indicate type(s) of activity(ies):</b> <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <b>(2) <input type="checkbox"/> Collection Center</b> <b>(3) <input type="checkbox"/> Used Oil Processor</b> (A permit is required for this activity.) <b>(4) <input type="checkbox"/> Off-Specification Used Oil Burner</b> <b>(5) <input type="checkbox"/> Used Oil Fuel Marketer</b> <b>(6) Used Oil Filter</b> <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <input type="checkbox"/> c. Processor <input type="checkbox"/> d. End User			<b>(8) Specific Certification to be signed by all Used Oil Transporters</b> 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	
<b>(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.</b> <input type="checkbox"/> A check is enclosed.			<b>(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):</b> <input type="checkbox"/> our mailing (business) address <input type="checkbox"/> The site (facility) address	

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<b>D. Other State Regulated Waste Activities:</b> <input type="checkbox"/> <b>Petroleum Contact Water (PCW) Handler</b> [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.							
1	D001	2	D002	3	D003	4	D004
5	D005	6	D006	7	D007	8	D008
9	D009	10	D010	11	D011	12	D012
13	D013	14	D014	15	D015	16	D016
17	D017	18	D018	19	D019	20	D020
21	D021	22	D022	23	D023	24	D024
25	D025	26	D026	27	D027	28	D028
29	D029	30	D030	31	D031	32	D032
33	D033	34	D034	35	D035	36	D036
37	D037	38	D038	39	D039	40	D040
41	D041	42	D042	43	D043	44	D044
45	D045	46	D046	47	D047	48	D048
49	D049	50	D050	51	D051	52	D052
53	D053	54	D054	55	D055	56	D056
57	D057	58	D058	59	D059	60	D060
61	D061	62	D062	63	D063	64	D064
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69	D069	70	D070	71	D071	72	D072
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497	D497	498	D498	499	D499	500	D500
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505	D505	506	D506	507	D507	508	D508
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533	D533	534	D534	535	D535	536	D536
537	D537	538	D538	539	D539	540	D540
541	D541	542	D542	543	D543	544	D544
545	D545	546	D546	547	D547	548	D548
549	D549	550	D550	551	D551	552	D552
553	D553	554	D554	555	D555	556	D556
557	D557	558	D558	559	D559	560	D560
561	D561	562	D562	563	D563	564	D564
565	D565	566	D566	567	D567	568	D568
569	D569	570	D570	571	D571	572	D572
573	D573	574	D574	575	D575	576	D576
577	D577	578	D578	579	D579	580	D580
581	D581	582	D582	583	D583	584	D584
585	D585	586	D586	587	D587	588	D588
589	D589	590	D590	591	D591	592	D592
593	D593	594	D594	595	D595	596	D596
597	D597	598	D598	599	D599	600	D600
601	D601	602	D602	603	D603	604	D604
605	D605	606	D606	607	D607	608	D608
609	D609	610	D610	611	D611	612	D612
613	D613	614	D614	615	D615	616	D616
617	D617	618	D618	619	D619	620	D620
621	D621	622	D622	623	D623	624	D624
625	D625	626	D626	627	D627	628	D628
629	D629	630	D630	631	D631	632	D632
633	D633	634	D634	635	D635	636	D636
637	D637	638	D638	639	D639	640	D640
641	D641	642	D642	643	D643	644	D644
645	D645	646	D646	647	D647	648	D648
649	D649	650	D650	651	D651	652	D652
653	D653	654	D654	655	D655	656	D656
657	D657	658	D658	659	D659	660	D660
661	D661	662	D662	663	D663	664	D664
665	D665	666	D666	667	D667	668	D668
669	D669	670	D670	671	D671	672	D672
673	D673						



DEP Form # 17-730.900(5)(a)  
 Form Title: HWF Transporter Certificate of  
 Liability Insurance  
 Effective Date: 1-29-06  
 DEP Application #

# STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY INSURANCE

1. Zurich American INS  
 (Name of Insurer)

(the "Insurer"), of 60 State St., Boston, MA 02109  
 (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

Hazmat Environmental Group, Inc.  
 (Name of Insured)

(the "Insured"), of 60 Commerce Dr., Buffalo, NY 14218  
 (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 to:

EPA/DEP ID No.	Name	Location
NYD980769947	Hazmat Environmental Group Inc.	All Owned Vehicles

(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 IRK-539806-07, issued on 6/14/10 (date).

The effective date of said policy is 6/9/10 (date) and the expiration date of said policy is 6/9/11 (date).

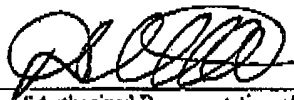
This insurance is excess and the company shall not be liable for amounts in excess of \$ 5,000,000 for each accident in excess of the underlying limit of \$ 5,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number su00539801307, issued on 6/14/10 (date). The effective date of said policy is 6/9/10 (date) and the expiration date of said policy is 6/9/11 (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 or more States including Florida.



(Signature of Authorized Representative of Insurer)

DEBORAH WHITE

(Typed name)

Underwriter

(Title)

Authorized Representative of

Zurich American Ins Co

(Name of Insurer)

60 State St., Boston, MA 02109

(Address of Representative)



# CERTIFICATE OF LIABILITY INSURANCE

OP ID KK1  
HAZMA-1

DATE (MM/DD/YYYY)

06/04/10

<b>PRODUCER</b> M & T Insurance Agency, Inc. 285 Delaware Avenue, Ste 4000 Buffalo NY 14202 Phone: 716-853-7960 Fax: 716-651-4290		<b>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.</b>	
<b>INSURED</b> Hazmat Environmental Group New Village Industrial Park 100 Commerce Dr. Buffalo NY 14218-1040		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>Received</b> <b>BSHW</b>		INSURER A: Zurich American Ins Co	16535
		INSURER B: Zurich American Ins Co	16535
		INSURER C: Steadfast Insurance Co.	26387
		INSURER D:	
		INSURER E:	

## COVERAGES

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 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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY	GLO 5398011-07	06/09/10	06/09/11	EACH OCCURRENCE	\$ 1000000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5000
						PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 2000000
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2000000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
B		AUTOMOBILE LIABILITY	TRK 5398006-07	06/09/10	06/09/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS							
	<input checked="" type="checkbox"/> MCS-90	COMP & COLL-\$10,000 TRUCK					
		COMP & COLL-\$ 1,000 PPTS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
C		EXCESS / UMBRELLA LIABILITY	SUO05398013-07	06/09/10	06/09/11	EACH OCCURRENCE	\$ 15,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$10000					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
OTHER							

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

Re: Confirmation of Coverage  
Total Combined Auto Liability Limits are \$16,000,000.

## CERTIFICATE HOLDER

Florida Dept of Env Protection Hazardous Waste MgmSect.MS4555 Twin Towers Office Bldg 2600 Blairstone Rd Tallahassee FL 32399-2400	FLORI-2
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## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ 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.

## Public Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2120-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration MC-RRR, Washington, D.C. 20590.

OMB No. 2120-0008  
Expiration date: 03/31/11



U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

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

Issued to HAZMAT ENVIRONMENTAL GROUP, INC. of 60 COMMERCE DRIVE, BUFFALO, NY 14218  
Dated at Boston, MA 02109 this 7TH day of June, 2010  
Amending Policy No. TRK 5398006-07 Effective Date June 09, 2010  
Name of Insurance Company Zurich American Insurance Company

Countersigned by Jacqueline Fedaro  
Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by "X", for the limits shown:

- ☒ This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident.  
☐ 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.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: (847) 605-8000.

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, D.C.).

**DEFINITIONS AS USED IN THIS ENDORSEMENT**

**Accident** includes continuous or repeated exposure to conditions which results 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 of these.

**PROPERTY DAMAGE** means damage to or loss of use of tangible property.

**ENVIRONMENTAL RESTORATION** means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or 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.

**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 Motor Carrier Safety Administration (FMCSA).

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 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof,

shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which 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.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered 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 resulting from any other accident.

THE SCHEDULE OF LIMITS SHOWN ON THE NEXT PAGE 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, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous).	\$ 750,000
(2) For-hire and Private (In interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	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; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101, hazardous waste, 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, with a gross vehicle weight rating of 10,000 or more pounds).	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

**62-730.170 Standards Applicable to Transporters of Hazardous Waste.**

(1) The Department adopts by reference 40 CFR Part 263 revised as of July 1, 2007.

(2) In addition to the requirements of subsection (1) of this rule, no person shall transport a hazardous waste within the state for which either a manifest is required under 40 CFR Part 262 [as adopted in subsection 62-730.160(1), F.A.C.] or a reclamation agreement is entered between a generator and recycler pursuant to 40 CFR 263.20 [as adopted in subsection 62-730.170(1), F.A.C.] unless compliance with the following special requirements have been demonstrated.

(a) The transporter shall have and maintain financial responsibility for sudden accidental occurrences in a minimum amount of \$1,000,000 per occurrence for combined coverage of injury to persons and for damage to property and the environment from the spillage of hazardous waste while such wastes are being transported including the costs of cleaning up the spill. Such financial responsibility shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. Such financial responsibility shall be maintained at all times, be exclusive of legal defense costs, and be established by any one or a combination of the following:

1. Evidence of casualty/liability insurance on an occurrence basis with or without a deductible. With the deductible 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. Each insurance policy must be evidenced by a certificate of liability insurance or amended by attachment of an endorsement.

2. Surety bonds.

(b) Evidence of coverage shall include submittal of an originally signed copy of one or more of the following forms, which are hereby adopted and incorporated by reference:

1. Hazardous Waste Transporter Certificate of Liability Insurance, Form 62-730.900(5)(a), effective date January 29, 2006.

2. Hazardous Waste Transporter Liability Endorsement, Form 62-730.900(5)(b), effective date January 29, 2006

3. Hazardous Waste Transporter Liability Surety Bond, Form 62-730.900(5)(c), effective date January 29, 2006.

Rule 62-730.900, F.A.C., contains information on obtaining a copy of these forms.

(c) The insurance policy, including all endorsements, or the liability surety bond must be maintained at the carrier's principal place of business.

(d) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection, the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.

(e) The transporter shall annually submit to the Department two originally signed Transporter Status Forms, Form 62-730.900(5)(d), effective date January 5, 1995, which is hereby adopted and incorporated by reference. Rule 62-730.900, F.A.C., contains information on obtaining a copy of this form. The Department shall complete the approval part of the form and return one of the originally signed forms to the transporter after verifying that the transporter is complying with the financial responsibility requirements of this section. A copy of this form complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transporter. This approval is non-transferable and non-assignable.

(f) This subsection does not apply to any person who transports hazardous waste only on the site of a hazardous waste generator or a permitted hazardous waste treatment, storage, or disposal facility.

(g) States and the federal government are exempt from the requirements of this subsection.

(3) Evidence of financial responsibility, updated for the current year, shall be verified annually by the submission of the appropriate form described in paragraph (2)(b) of this section or by the submission of a certificate of insurance. A certificate of insurance shall include a certification by the insurer that the original insurance policy and all endorsements are still in full force and effect as evidenced on the original forms submitted to the Department.

*Specific Authority 403.704, 403.721, 403.724, 403.8055 FS. Law Implemented 403.704, 403.721, 403.724 FS. History—New 11-8-81, Amended 5-31-84, 9-13-84, Formerly 17-30.17, Amended 9-19-86, 3-31-87, 5-26-87, 6-28-88, Formerly 17-30.170, Amended 1-25-89, 8-13-90, 9-10-91, 10-14-92, 10-7-93, Formerly 17-730.170, Amended 1-5-95, 4-30-97, 8-19-98, 2-4-00, 12-20-00, 8-1-02, 10-1-04, 1-29-06, 4-6-06, 5-1-07, 4-25-08.*

#### **62-730.171 Transfer Facilities.**

(1) 40 CFR 263.12 [as adopted by reference in subsection 62-730.170(1), F.A.C.] provides that transporters who store manifested hazardous waste in proper containers at a transfer facility for 10 days or less are exempt from regulation as a hazardous waste facility. If the waste is stored for more than 10 days, the facility is subject to the permitting requirements for a hazardous waste storage facility.

(2)(a) The transporter who is owner or operator of a transfer facility which stores manifested shipments of hazardous waste for more than 24 hours but 10 days or less (hereinafter referred to as “the transfer facility”) shall obtain an EPA/DEP identification number for each transfer facility location and notify the Department using Form 62-730.900(1)(b), “8700-12FL – Florida Notification of Regulated Waste Activity,” effective date January 4, 2009 [adopted by reference in paragraph 62-730.150(2)(a), F.A.C.].

(b) Notification pursuant to this subsection shall be submitted at least 30 days before the storage of hazardous waste is to begin at a transfer facility.

(c) The notification shall include the information and documentation required by subsection 62-730.171(3), F.A.C.

(d) The transfer facility shall annually submit updated information on Form 62-730.900(1)(b), “8700-12FL – Florida Notification of Regulated Waste Activity,” effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.

(3)(a) The following items constitute initial transfer facility notification:

1. Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), F.S. The Certification shall state a factual basis for the conclusion that the location criteria are met, and how those facts were determined.

2. Completed Form 62-730.900(1)(b), “8700-12FL – Florida Notification of Regulated Waste Activity,” effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.

3. Evidence of the transporter’s financial responsibility as required under subsection 62-730.170(3), F.A.C.

4. A brief general description of the transfer facility operations, including customer base, anticipated waste codes, operating procedures, structures and equipment (with the maximum design capacity for storage), including engineering drawings or sketches if any.

5. A copy of a closure plan demonstrating that the transfer facility will be closed in a manner which satisfies the closure performance, notification, and decontamination standards of 40 CFR 265.111, 265.112, 265.114 and 265.115 [as adopted by reference in subsection 62-730.180(2), F.A.C.].

6. A copy of the contingency and emergency plan required by paragraph 62-730.171(4)(a), F.A.C.

7. A map or maps of the transfer facility, depicting property boundaries, access control, buildings or other structures and pertinent features (such as recreation areas, runoff and stormwater control systems, access or internal roads, sanitary and process sewer systems, loading and unloading areas, and fire control equipment.)

(b) A transporter who is operating a transfer facility must notify the Department prior to making changes in any of the items listed in paragraph 62-730.171(3)(a), F.A.C.

(c) No person shall operate a transfer facility before receiving confirmation from the Department that the initial notification package is complete and technically adequate and receiving an EPA identification number for the transfer facility.

(4) A transfer facility shall comply with the following requirements:

(a) 40 CFR Part 265 Subparts B (general facility standards), C (preparedness and prevention), D (contingency and emergency plan), and I (management of containers), with the exception of 265.13, as adopted by reference in subsection 62-730.180(2), F.A.C.

(b) The aisle space requirements described in 40 CFR 265.35 and the special requirements for incompatible wastes described in 40 CFR 265.177(c) shall not apply at transfer facilities to containers stored in trucks loaded in accordance with DOT regulations described in 40 CFR 263.10 [as adopted by reference in subsection 62-730.170(1), F.A.C.].

(5) Hazardous waste stored at transfer facilities in containers or vehicles shall be stored on a manmade surface which is capable of preventing spills or releases to the ground.

(6) The transfer facility shall maintain a written record of the items listed below. This recordkeeping requirement applies to all hazardous waste that enters and leaves the transfer facility, including hazardous waste generated by CESQGs. Records required in this subsection shall be maintained in permanent form for at least three years and shall be available for inspection by the Department. The records shall be kept at the facility unless the Department gives written approval to do otherwise.

(a) Manifest number for each shipment that enters and leaves the facility, or, for a shipment from a CESQG without a manifest, an identifying number from the shipping document.

(b) The date when all hazardous waste enters and leaves the facility.

(c) The generator's name and the EPA/DEP identification number. For CESQGs without an EPA/DEP identification number, the record shall include the name and address of the generator.

(d) Amounts of hazardous waste and hazardous waste codes associated with each shipment into and out of the facility.

(7) Within 60 days of closure of the transfer facility, the transporter who is owner or operator of the transfer facility shall submit to the Department a certification that the facility has been closed in accordance with the specifications in the closure plan. The certification shall be signed by the owner or operator of the transfer facility, by the owner of the real property where the transfer facility is located, and by a Florida-registered, professional engineer.

(8) Construction, initial operation or substantial modification of a transfer facility which stores shipments of hazardous waste that are required to be manifested, and which does not comply with the location standards in Section 403.7211, F.S., is prohibited. A transporter operating a transfer facility is subject to the demonstration requirements of subsections 62-730.182(3)-(8), F.A.C., regarding substantial modification.

*Specific Authority 403.0877, 403.704, 403.721 FS. Law Implemented 403.0877, 403.704, 403.721 FS. History—New 3-2-86, Amended 6-28-88, Formerly 17-30.171, Amended 8-13-90, 9-10-91, 10-14-92, Formerly 17-730.171, Amended 1-5-95, 1-29-06, 10-28-08, 1-4-09.*