



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Rick Scott  
Governor

Jennifer Carroll  
Lt. Governor

Herschel T. Vinyard, Jr.  
Secretary

April 07, 2011

Nicole Matteo  
S - J Transportation Co, Inc  
PO Box 169  
Woodstown, NJ 08098

## BE IT KNOWN THAT

S - J Transportation Co, Inc  
1176 US ROUTE 40  
WOODSTOWN, NJ 08098

## IS HEREBY REGISTERED AS A USED OIL

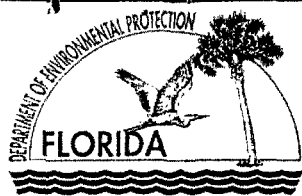
Filter Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)  
The Department of Environmental Protection hereby issues  
Registration Number **NJD071629976** on April 07, 2011  
Insurance Carrier: **NOT REQUIRED**

**This registration will expire on 06/30/2012**

This certificate documents receipt of your annual registration  
and annual report. It shall be displayed in a prominent place  
at your facility. This certificate and your cancelled check  
are your receipts.

**Aprilia Graves**  
**Engineering Specialist IV**  
**Hazardous Waste Regulation Permitting**

**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 EPCRA Title 606 Use Only)

**MAR 07 2011**

**BSHW**

EPA ID **N J D 0 7 1 6 2 9 9 7 6**

MTS

RCRAInfo

**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?

**2. Facility or  
Business Name**

**SJ TRANSPORTATION CO., INC.**

FEID No.

**2 2 3 8 4 3 4 5 7**

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

Name of Operator:

**SJ TRANSPORTATION CO., INC.**

☐ New Operator

Date became Operator: **11 / 16 / 01**  
mm dd yy

Street or P.O. Box:

**PO BOX 169**

Phone Number:

**856-769-2741**

City or Town:

**WOODSTOWN**

State:

**NJ**

Zip Code:

**08098**

Operator Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

**4. Facility Physical  
Location  
Information**

Physical Street Address:

**1176 US RT 40**

City or Town:

**WOODSTOWN**

State:

**NJ**

Zip Code:

**08098**

County:

Choose\_\_

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

Latitude: **3 9**

**6 3**

**3 5**

dd mm ss.ssss

Longitude: **7 5**

**3 2**

**3 3**

dd mm ss.ssss

Method:

Datum:

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

A.

B.

C.

D.

**6. Facility or  
Business Mailing  
Address**

Street Address or P.O. Box:

**PO BOX 169**

City or Town:

**WOODSTOWN**

State:

**NJ**

Zip Code:

**08098**

**7. Facility or  
Business Contact  
Person**

First Name:

**NICOLE**

Last Name:

**MATTEO**

Title:

**PERMIT COORD.**

Phone Number:

**856-769-2741**

Extension:

E-Mail:

**nmatteo@sjtransportation.com**

Street or P.O. Box:

**1176 US RT 40**

City or Town:

**WOODSTOWN**

State:

**NJ**

Zip Code:

**08098**

**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

**A. Hazardous Waste Activities:**

**For Items 2 through 7, mark 'X' in all that apply.**

(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.)

- Specify:
- ☐
- Commercial;
- ☐
- Non-Commercial.

**(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.

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

- Registration must be renewed annually. ☐ a. For own waste only ☒ b. For commercial purposes

Insurance Company ZURICH AMERICAN INSURANCE  
Address 1400 AMERICAN LANE  
SCHAUMBURG, IL 60196

Contact _____	Telephone _____	800-382-2150
Policy Number TRK4261099-04	Expiration date _____	4/01/2011

- 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 403.721(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 checked="" type="checkbox"/>	<input type="checkbox"/>	40,000
b. Pesticides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20,000
c. Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40,000
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15,000
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5,000

(3) Mercury Recovery and/or Reclamation Facility ☐ [Chapter 62-737, F.A.C.] 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):**

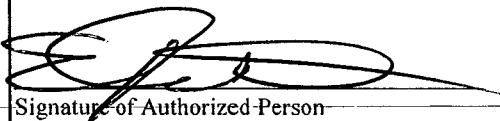
- ☐ a. Transporter
- ☐ b. Transfer Facility

**(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

**(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

EDWARD REMSTER

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

**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	THRU	6	D043	7	AND
8	ALL	9	F,K,	10	U,&P	11	CODE	12	AS	13	REQD	14	BY
15	THE	16	SHIP	17	PER.	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 \_\_\_\_\_

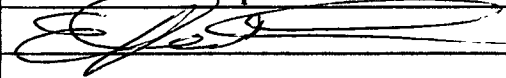
Address \_\_\_\_\_

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

EDWARD REMSTER, PRESIDENT

Date Signed (mm-dd-yyyy)

02/10/2011

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

NICOLE MATTEO

856-769-2741

nmatteo@sjtransportation.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/23/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> The McIntyre Group 220 Lake Drive East Suite 210 Cherry Hill NJ 08002	<b>CONTACT NAME:</b> Carly Sambalino <b>PHONE (A/C, No, Ext):</b> (856) 482-9900 <b>E-MAIL ADDRESS:</b> csambalino@mcintyre-group.com <b>PRODUCER CUSTOMER ID #:</b> 00000144	<b>FAX (A/C, No):</b> (856) 482-1888												
<b>INSURED</b> SJ Transportation Co., Inc.; SJ Garage; SJ Leasing Co. 1176 U.S. Route 40, P.O. Box 169 Woodstown NJ 08098	<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"><tr><td>INSURER A: Zurich American Insurance Co.</td><td>16535</td></tr><tr><td>INSURER B: Steadfast Insurance Company</td><td>26387</td></tr><tr><td>INSURER C: New Jersey Manufacturers</td><td>12122</td></tr><tr><td>INSURER D: Federal Insurance Company</td><td>20281</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>		INSURER A: Zurich American Insurance Co.	16535	INSURER B: Steadfast Insurance Company	26387	INSURER C: New Jersey Manufacturers	12122	INSURER D: Federal Insurance Company	20281	INSURER E:		INSURER F:	
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INSURER C: New Jersey Manufacturers	12122													
INSURER D: Federal Insurance Company	20281													
INSURER E:														
INSURER F:														

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GLO 4261100-05	4/1/2011	4/1/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <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"/> MCS-90 and CA 99 48			TRK 4261099-05	4/1/2011	4/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$ 10,000			SEO 4261098-05	4/1/2011	4/1/2012	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$
	<b>C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A			W24914-4-11 W24914-4-11 (NY) Limits: \$100,000 Ea. Acc.& Emp. \$500,000 Policy Limit	4/1/2011 4/1/2011	4/1/2012 4/1/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	<b>Motor Truck Cargo</b>			663-79-17	4/1/2011	4/1/2012	Vehicle Occurrence \$250,000
A	<b>Pollution Liability</b>			CPL 4261097-05	4/1/2011	4/1/2012	Each Claim \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Evidence of Insurance.

**CERTIFICATE HOLDER****CANCELLATION**

Florida, State of-Dept of Envl's Protecti  
Hazardous Waste Management Section, MS 45  
Attn: Richard Neves  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

A McIntyre/CARLY



CHECK COLUMN IF OUT OF STATE	
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99	100

[illegible]

## Conversion Table

One <b>55</b> -gallon drum of <b><u>crushed</u></b> used oil filters = approximately <b><u>400</u></b> used oil filters
One <b>55</b> gallon drum of <b><u>uncrushed</u></b> used oil filters = approximately <b><u>250</u></b> used oil filters
One <b>ton</b> of drained used oil filters = approximately <b><u>2,350</u></b> used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d .
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400. Phone (850) 245-8755, email: [aprilia.graves@dep.state.fl.us](mailto:aprilia.graves@dep.state.fl.us).



**CHECKLIST: This sheet must be signed and returned with your renewal registration.**

**Email Contact Name and address (if you would like to be included in our listserver):**

✓

Registration Form. Please be sure that it is signed.

✓

Registration Fee. \$100.00. Please make checks payable to the Florida Department of Environmental Protection. (*Permitted Processors are not required to remit fee*)

\_\_\_\_\_ This company is a Used Oil Processor, Used Oil Permit Number: \_\_\_\_\_, and is exempt from the registration fee.

\_\_\_\_\_ This company is a Used Oil Burner (off-spec), Air Permit Number: \_\_\_\_\_

✓

This company transports *only used oil filters and is exempt* from the certification, insurance, record keeping and reporting requirements of Rule 62-710, F.A.C.

**Used Oil Transporter Training Certification: Rule 62-710, Florida Administrative Code (F.A.C.), Used Oil Management, was amended, effective June 9, 2005. To maintain Certification through this Department, ALL Used Oil Transporters who have previously submitted a Used Oil training program to this Department MUST provide evidence that their training program currently addresses the amendments. In particular, the updates should include:**

1. The procedure used to ensure that a copy of the shipping papers for a load of used oil is left with the generator as required in Rule 62-710.510(2), F.A.C.
2. Evidence of compliance with Rule 62-710.600(2)(b)(3), F.A.C., which requires a Used Oil Transporter Training Program to include "A detailed description of the company's standard operating procedure for halogen screening at each pick up location. This description shall include instrument specifications and capabilities, calibration methods and frequency, procedures addressing the handling of loads which indicate halogen levels in excess of 1,000 ppm, and record keeping procedures for all loads accepted or refused."
3. Evidence of liability insurance for the minimum amount of \$1 million, which covers pollution liability, in accordance with the requirements of Rule 62-710.600(2)(e), F.A.C.
4. Evidence that company employees are made aware of the circumstances under which a Department Certification can be revoked, which are described in Rule 62-710.600(4), F.A.C.

**Proof of Insurance: (Indicate which response applies.)**

\_\_\_\_\_ Certificate of Liability Insurance Form 62-710.901(4) signed by insurance company.

✓

Certificate of Insurance (ACORD) signed by insurance company for the **renewal of an existing policy** previously filed on a Certificate of Liability Insurance Form.

Edward Remster  
Name (Printed)

  
Signature

2/11/11  
Date