



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

01/27/2012

Bonnie Bishop-Clark
Lighting Resources LLC
1007 SW 16th Ln
Ocala, FL 34474-

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **1007 SW 16th Ln, Ocala, FL 34474** has been registered through **March 1, 2013** with the following status:

Facility ID # **FLR000070565**
Transporter of Universal Waste Lamps and Devices
Large Quantity Handler Facility for Universal Waste Lamps and Devices

The registration form for the year **2013** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace
Environmental Specialist
Hazardous Waste Management Section

Enclosures



Lighting Resources, LLC
Southeast Division/Florida

Received

OCT 24 2011


BSHW

DEP Waste Management Division
HWRS-MS4560
2600 Blair Stone Road
Tallahassee, FL. 32399

Ref. Renewal of HW Transporter Permit

Attached are the corrected forms for the renewal of Lighting Resources LLC HW Transporter permit. EPA ID # FLR000070565.

Bonnie Bishop-Clark
Southeast Branch Manager
Account Executive
Lighting Resources LLC
866-961-9100
904-881-2229
bonnie@lightingresourcesinc.com
www.lightingresourcesinc.com

 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) DEC 14 2009
EPA ID F L R 0 0 0 0 7 0 5 6 5		MFS RCRAinfo
1. Reason for Submittal	Mark 'X' in correct box: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> To provide <u>initial notification</u> (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). </div> <div> <input checked="" type="checkbox"/> To provide <u>subsequent notification</u> (to update status and facility identification information). </div> <div> <input type="checkbox"/> Is this the <u>final notification</u> (see instructions) for the facility? </div> </div>	
2. Facility or Business Name		FEID No.
LIGHTING RESOURCES LLC		2 5 1 9 0 5 6 9 2
3. Facility Operator (List additional Operators in the comments section).	Name of Operator: LIGHTING RESOURCES LLC	
	<input type="checkbox"/> New Operator Date became Operator: ____/____/____ <div style="text-align: right; font-size: small;">mm dd yy</div>	
	Street or P.O. Box:	Phone Number:
	805 E. FRANCIS STREET	909-923-3132
City or Town:		State:
ONTARIO		CA
Operator Type:		Zip Code:
<input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		91761
4. Facility Physical Location Information	Physical Street Address:	
	1007 SW 16TH LANE	
	City or Town:	State:
	OCALA	FL
County:		Zip Code:
Marion		34471
If available, please attach a map or sketch of the facility boundaries.		
Latitude:		Longitude:
2 9 1 0 2 0 . 68N		8 2 0 8 4 8 . 94W
dd mm ss.ssss		dd mm ss.ssss
Method:		Datum:
5. Facility North American Industry Classification System (NAICS) Code(s)	A.	B.
	562111	562112
C.		D.
6. Facility or Business Mailing Address	Street Address or P.O. Box:	
	1007 SW 16th LANE	
City or Town:		State:
OCALA		FL
Zip Code:		
34471		
7. Facility or Business Contact Person	First Name:	Last Name:
	BONNIE	BISHOP-CLARK
	Phone Number:	Extension:
	352-509-3001	
E-Mail:		Title:
bonnie@lightingresourcesinc.com		REGIONAL MANAGER
Street or P.O. Box:		
1007 SW 16TH LANE		
City or Town:		State:
OCALA		FL
Zip Code:		
34471		
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:	
	LIGHTING RESOURCES LLC	
	<input type="checkbox"/> New Owner Date became Owner: ____/____/____ <div style="text-align: right; font-size: small;">mm dd yy</div>	
	Street or P.O. Box:	
805 E. FRANCIS STREET		Phone Number:
909-923-3132		
City or Town:		State:
ONTARIO		CA
Zip Code:		
91761		
Owner Type:		
<input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(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 WESTCHESTER SURPLUS LINES INS.Address 200 CANABA PARK SOUTH, SUITE 200
BIRMINGHAM, AL. 35242Contact J. SMITH LANIER & CO KNOXVILLE Telephone 865-558-1769Policy Number G23832161005 Expiration date 10-01-2012d. **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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40,000 LBS
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40,000 LBS
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100,000 LBS

(3) Mercury Recovery and/or Reclamation Facility ☐ Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
[Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:**(1) Used Oil Transporter - indicate type(s) of activity(ies):**

- ☐ a. Transporter
- ☐ b. Transfer Facility

(2) ☐ Collection Center**(3) ☐ Used Oil Processor (A permit is required for this activity.)****(4) ☐ Off-Specification Used Oil Burner****(5) ☐ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☐ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

Signature of Authorized Person

Print Name of Authorized Person

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☐ A check is enclosed.

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- ☐ our mailing (business) address
- ☐ The site (facility) address

EPA ID No.

FLR000070565

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	D006	2	D008	3	D009	4	U151	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

Bonnie Bishop-Clark

Print Name and Title

BONNIE BISHOP-CLARK

Date Signed
(mm-dd-yyyy)

10/20/2011

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

BONNIE BISHOP-CLARK

352-509-3001

bonnie@lightingresourcesinc.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/03/2011

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).

PRODUCER J. Smith Lanier & Co Knoxville 413 Northshore Drive, SW Knoxville, TN 37919 865 588-7200	CONTACT NAME: PHONE (A/C, No, Ext): 865 588-7200 FAX (A/C, No): 865 588-7224 E-MAIL ADDRESS: <table border="1"> <tr> <th data-bbox="812 452 1445 485">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1445 452 1586 485">NAIC #</th> </tr> <tr> <td data-bbox="812 485 1445 517">INSURER A: Westchester Surplus Lines Ins.</td> <td data-bbox="1445 485 1586 517">10172</td> </tr> <tr> <td data-bbox="812 517 1445 549">INSURER B: National Union Fire Insurance</td> <td data-bbox="1445 517 1586 549">19445</td> </tr> <tr> <td data-bbox="812 549 1445 582">INSURER C: ACE American Insurance Company</td> <td data-bbox="1445 549 1586 582">22667</td> </tr> <tr> <td data-bbox="812 582 1445 614">INSURER D:</td> <td data-bbox="1445 582 1586 614"></td> </tr> <tr> <td data-bbox="812 614 1445 646">INSURER E:</td> <td data-bbox="1445 614 1586 646"></td> </tr> <tr> <td data-bbox="812 646 1445 672">INSURER F:</td> <td data-bbox="1445 646 1586 672"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Westchester Surplus Lines Ins.	10172	INSURER B: National Union Fire Insurance	19445	INSURER C: ACE American Insurance Company	22667	INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															
INSURED Lighting Resources, LLC LRT Lighting Resources Texas, LLC 805 E. Francis Street Ontario, CA 91761															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

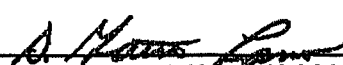
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		G23832161005	10/01/2011	10/01/2012	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$25,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$5,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$5,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	MED EXP (Any one person)	\$25,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$5,000,000	PRODUCTS - COMP/OP AGG	\$5,000,000		\$
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GENERAL AGGREGATE	\$5,000,000																			
PRODUCTS - COMP/OP AGG	\$5,000,000																			
	\$																			
C	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		HO8416266005	10/01/2011	10/01/2012	<table border="1"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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PROPERTY DAMAGE (Per accident)	\$																			
	\$																			
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		G23832173005	10/01/2011	10/01/2012	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$5,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$5,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$5,000,000	AGGREGATE	\$5,000,000		\$								
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	\$																			
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC5319870 WC5319869	10/01/2011 10/01/2011	10/01/2012 10/01/2012	<table border="1"> <tr><td><input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER</td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$1,000,000</td></tr> </table>	<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						
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E.L. DISEASE - EA EMPLOYEE	\$1,000,000																			
E.L. DISEASE - POLICY LIMIT	\$1,000,000																			
A	Pollution Legal Liability		G23832161005	10/01/2011	10/01/2012	<table border="1"> <tr><td>\$1,000,000/\$5,000,000</td></tr> <tr><td>\$10,000-Deductible</td></tr> </table>	\$1,000,000/\$5,000,000	\$10,000-Deductible												
\$1,000,000/\$5,000,000																				
\$10,000-Deductible																				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Umbrella Liability Extends to Pollution Coverage

CERTIFICATE HOLDER

CANCELLATION

Lighting Resources, LLC Attn: Bonnie Bishop 1007 SW 16th Lane Ocala, FL 34471	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 
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STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY
INSURANCE

1. ACE American Insurance Company
(Name of Insurer)
(the "Insurer"), of 500 Colonial Ctr Pkwy., Ste 200, Roswell, GA 30076
(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

Lighting Resources, LLC, Lighting Resources, Inc.
(Name of Insured)

(the "Insured"), of 1007 SW 16th Lane., Ocala, FL 34471
(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>
FLR 000 070 565	Lighting Resources, LLC	Ocala, FL
FLD 984 243 824	Lighting Resources, Inc.	Tampa, FL

(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 H08416266 005, issued on 10/01/2011.

(date)
The effective date of said policy is 10/01/2011 and the expiration date of said policy is 10/01/2012.
(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 \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number G23832173 005, issued on 10/01/2011. The effective date of said policy is 10/01/2011 and the expiration date of said policy is 10/01/2012.
(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)

Rita Emig
(Typed name)

Senior Underwriter
(Title)

Authorized Representative of

ACE American Insurance Company
(Name of Insurer)

500 Colonial Center Pkwy., Roswell, GA 30076
(Address of Representative)



A Public Service Agency

**CERTIFICATE OF INSURANCE
Motor Carriers of Property**

373187

INSURER (INSURANCE COMPANY) (NAME, ADDRESS AND PHONE #) ACE American Insurance Company 436 Walnut Street Philadelphia, PA 19106		NAIC # 22667	STATUS: <input checked="" type="checkbox"/> Licensed to write insurance in the State of California (Admitted Insurer) <input type="checkbox"/> Nonadmitted insurer subject to Section 1763 of the California Insurance Code. _____ SURPLUS LINE BROKER NAME <input type="checkbox"/> Charitable Risk Pool <input type="checkbox"/> Risk Retention Group	
		SURPLUS LINE BROKER#		
		OTHER #		
INSURED (MOTOR CARRIER NAME AND ADDRESS) Lighting Resources, LLC Lighting Resources, Inc. 805 East Francis Street Ontario, CA 91761			Filed with the: California Department of Motor Vehicles Motor Carrier Permit Branch P.O. Box 932370 MS G875 Sacramento, CA 94232-3700 (916) 657-8153	
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	LIMITS	
PRIMARY LIABILITY <input type="checkbox"/> Coverage below statutory minimum limits <input checked="" type="checkbox"/> Coverage equal to or exceeding statutory minimum limits.	H08416266005	10/01/2011	COMBINED SINGLE LIMIT BODILY INJURY OR DEATH (ONE PERSON) BODILY INJURY OR DEATH (MORE THAN ONE PERSON) PROPERTY DAMAGE	\$ 1,000,000 \$ \$ \$
EXCESS LIABILITY <input type="checkbox"/> Coverage between primary coverage and statutory minimum limits. <input checked="" type="checkbox"/> Coverage provided at or above statutory minimum limits.	G23832173005	10/01/2011	COMBINED SINGLE LIMIT BODILY INJURY (ONE PERSON) BODILY INJURY OR DEATH (MORE THAN ONE PERSON) PROPERTY DAMAGE	\$ 5,000,000 in excess of \$ _____ \$ _____ in excess of \$ _____ \$ _____ in excess of \$ _____ \$ _____ in excess of \$ _____
WORKERS' COMPENSATION			<input type="checkbox"/> WC Statutory Limits	

Insurer certifies to each of the following:

- that the motor carrier of property (Insured) identified herein is covered by an insurance policy providing bodily injury or death liability, property damage liability insurance, or workers' compensation insurance within the coverage limits identified above as required by California Vehicle Code (CVC)
- that this insurance policy covers all vehicles used in conducting the service performed by the Insured for which a motor carrier permit is required whether or not said vehicle is listed in the insurance policy.
- that a fully executed Endorsement, on a form authorized by the Department of Motor Vehicles (DMV), is attached to the referenced policy to conform to the requirements of the Motor Carriers of Property Permit Act, CVC Section 34600 and following, and the rules and regulations of the DMV. (This provision does not apply to Workers' Compensation Insurance.)
- that for the purposes of Charitable Risk Pool coverage, this policy meets the requirements of the CVC Section 34631 (d).
- that for the purposes of Risk Retention Group coverage, this policy meets the requirements of the Risk Retention Act of 1991, California Insurance Code Section 125 and following, and is authorized to do business in California.

Insurer agrees to each of the following:

- that this Certificate of Insurance shall not be canceled on less than thirty (30) days notice from the Insurer to the DMV and written on a Notice of Cancellation form authorized by the DMV, and that the thirty (30) day period commences to run from the date the Notice of Cancellation form was actually received at the office of the California Department of Motor Vehicles, Motor Carrier Services Branch, in Sacramento, California.
- that a duplicate original of the referenced policy, a DMV authorized endorsement, and all other related endorsements and documentation, shall be furnished to DMV upon request.

By signing this form, the Insurer certifies under penalty of perjury under the laws of the State of California that all information contained in this Certificate of Insurance is true and correct.

PRINTED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE Rita Emig, Senior Underwriter	TELEPHONE NUMBER 678-795-4000	EMAIL ADDRESS rita.emig@acegroup.com
SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE 	EXECUTED AT (CITY, STATE) Roswell, GA	DATE 10/06/2011

Transportation Unit
8800 Cal Center Drive
Sacramento, CA 95828-3200
Phone (916) 440-7145
Fax (916) 255-8436

CERTIFICATE OF INSURANCE FOR PUBLIC LIABILITY COVERAGE

NAME OF INSURED: Lighting Resources, LLC Lighting Resources, Inc.	ADDRESS: 805 East Francis Street Ontario CA 91761	PHONE NUMBER: (909) 923-3132
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CERTIFICATION

The authorized signature below certifies that: (a) each policy of insurance listed below has been issued to the insured named above and is in force at this time and (b) each policy so listed **PROVIDES VEHICLE LIABILITY COVERAGE FOR "PUBLIC LIABILITY" WHICH INCLUDES LIABILITY FOR "BODILY INJURY," "PROPERTY DAMAGE" AND "ENVIRONMENTAL RESTORATION" PURSUANT TO SECTION 25169 OF THE CALIFORNIA HEALTH AND SAFETY CODE** with respect to the operation, maintenance or use by the named insured of any vehicle for which registration or authorization to transport hazardous waste is required by the Department of Toxic Substances Control of the State of California regardless of whether such vehicles are specifically described in the policy.

PRIMARY INSURANCE – COMBINED SINGLE LIMIT INSURANCE POLICY NUMBER: H08416266 005	EFFECTIVE DATE OF COVERAGE: 10/01/2011
INSURANCE COMPANY NAME: ACE American Insurance Company	ADDRESS: 436 Walnut Street Philadelphia, PA 19106
TELEPHONE NUMBER: (678) 795-4000	
This policy provides coverage for public liability including bodily injury, property damage and environmental restoration for the amount of \$ 1,000,000 in accordance with language consistent with a MCS-90 endorsement.	

EXCESS LIABILITY INSURANCE INSURANCE POLICY NUMBER: G23832173 005	EFFECTIVE DATE OF COVERAGE: 10/01/2011
INSURANCE COMPANY NAME: Westchester Surplus Lines Ins. Co.	ADDRESS:
TELEPHONE NUMBER: (678) 795-4000	
This policy provides coverage for amounts in excess of the primary insurance for public liability including bodily injury, property damage and environmental restoration for the amount of \$ 5,000,000 in accordance with language consistent with a MCS-90 endorsement.	


CANCELLATION ENDORSEMENT

The authorized signature below warrants and guarantees that each insurance policy for which this Certificate of Insurance is issued is effective until canceled or expired; and, such policy coverage shall remain in full force and effect until the thirtieth (30th) day after a Notice of Cancellation in writing is given on behalf of the Insurance Company to the Department of Toxic Substances Control. The thirty (30) day period is to commence from the date the Notice of Cancellation is provided to the Department of Toxic Substances Control, Transportation Unit.

This Certificate of Insurance and any Notice of Cancellation are properly filed by mailing, postage paid, to the Department of Toxic Substances Control, Transportation Unit, 8800 Cal Center Drive, Sacramento, California 95828-3200.

AUTHORIZED SIGNATURE

I HEREBY CERTIFY under penalty of law that: (a) all information provided is true and correct, and (b) either the Insurance Company is admitted by the Department of Insurance in the State of California to write the listed insurance policies OR, if not admitted, I am licensed by the California Department of Insurance as a "Surplus Lines Broker" authorized to represent the named Insurance Company in making this certification.

AUTHORIZED SIGNATURE (Signature in contrasting color ink) 	DATE SIGNED: 10/06/2011
NAME AND TITLE: (Please print or type) Rita Emig, Senior Underwriter	SURPLUS LINES BROKER NO. (If applicable):
COMPANY NAME: ACE American Insurance Company	SIGNER'S COMPANY ADDRESS: 500 Colonial Center Pkwy. Roswell, GA 30076
TELEPHONE NUMBER: (678-) 795-4000	

(DEFINITIONS USED IN THIS CERTIFICATE OF INSURANCE ARE SHOWN ON THE REVERSE SIDE OF THIS FORM.)

DEFINITIONS FOR THIS CERTIFICATE OF INSURANCE

"ADMITTED" means entitled to transact insurance business in California, having complied with the laws of the State of California imposing conditions precedent to transaction of such business.

"BODILY INJURY" means injury to the body, sickness, or disease to any person, including death, resulting from any of these.

"DAY" means every calendar day, excluding the first day and including the last day, unless the last day is a Saturday, Sunday, or holiday specified by State law, and then such calendar day is also excluded.

"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.

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

"PUBLIC LIABILITY" means liability for "bodily injury," "property damage," and "environmental restoration."

EXCERPT FROM SECTION 25169, CALIFORNIA HEALTH AND SAFETY CODE

§ 25169 (a) Every transporter of hazardous waste shall maintain ability to respond in damages resulting from the operation of that business. The ability to respond in damages includes the ability to respond to public liability, as provided in subdivision (c). For purposes of this section only, "public liability" means liability for bodily injury, including injury to the body, sickness, or disease to any person, and death resulting from any such injury, sickness, or disease; for property damage, including damage to, or loss of use of, tangible property; and for environmental restoration, including 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, or any commodity transported by a motor carrier. This liability includes the cost of removal and the cost of necessary measures taken to minimize or mitigate damage or potential for damage to human health, the natural environment, fish, shellfish, and wildlife.

(c) The ability to respond to public liability means having a policy of insurance coverage issued by an insurer or a surety bond issued by a surety, which meets both of the following requirements:

(1) The policy or bond has the liability limits specified for carriers of hazardous wastes by the Department of Transportation in Part 387 (commencing with Section 387.1) of Subchapter B of Chapter 111 of Title 49 of the Code of Federal Regulations, except that coverage shall be in the amount of one million two hundred thousand dollars (\$1,200,000) for waste petroleum in bulk shipments, and six hundred thousand dollars (\$600,000) for vehicles under 10,000 pounds gross vehicle weight rating.

(2) The policy's or bond's terms conform to Form MCS-90 or MCS-82, respectively, as defined and set forth in Sections 387.7 to 387.15, inclusive, of Title 49 of the Code of Federal Regulations, or a written decision, order or authorization to self-insure that complies with paragraph (3) of subsection (d) of Section 387.7 of Title 49 of the Code of Federal Regulations, adopted pursuant to Section 30 of the Motor Carrier Act of 1980 (49 U.S.C. Sec. 10927).

(d) As proof of compliance with subdivision (a), an insurer or surety which provides the insurance coverage or surety bond required by this section shall agree to provide the department with 30 day's notice prior to cancellation of the endorsement or termination of the bond defined in subdivision (c). An insurer or surety may demonstrate the ability of the transporter to respond to public liability by submitting a copy of the completed Form MCS-90 or MCS-82, as specified in Section 387.15 of Title 49 of the Code of Federal Regulations, to the department, along with the agreement required by this subdivision.

(Enacted by Stats. 1979, Ch. 1097, amended by Stats. 1985, Ch. 1304, Stats. 1988, Ch. 771.)