



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

01/30/2012

Jack Fitzsimmons
Freehold Cartage Inc
P O Box 5010
Freehold, NJ 07728-

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 **825 Highway 33, Freehold, NJ 07728** has been registered through **March 1, 2013** with the following status:

Facility ID # **NJD054126164**

Transporter of Universal Waste Lamps and Devices

Transfer Facility for Universal Waste Lamps

Transfer Facility for Universal Waste Devices

Small Quantity Handler Facility for Universal Waste Lamps and Devices

(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

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

NJ
NJ D 054120104

**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 DEP Official Use Only)
Received

JAN 17 2012

EPA ID **N J D 0 5 4 1 2 3 1 6 4**

MTS

ESMIV

**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**

FREEHOLD CARTAGE, INC.

FEID No.

2 1 0 7 3 5 2 9 7

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

Name of Operator:

FREEHOLD CARTAGE, INC.

☐ New Operator

Date became Operator: ____/____/____
mm dd yy

Street or P.O. Box:

PO BOX 5010

Phone Number:

(732) 462-1001

City or Town:

FREEHOLD

State:

NJ

Zip Code:

07728

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

**4. Facility Physical
Location
Information**

Physical Street Address:

825 HIGHWAY 33

City or Town:

FREEHOLD

State:

NJ

Zip Code:

07728

County:

Choose ____

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

Latitude:

Longitude:

Method:

dd

mm

ss

ssss

dd

mm

ss

ssss

Datum:

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

A.

56212

B.

562119

C.

D.

**6. Facility or
Business Mailing
Address**

Street Address or P.O. Box:

PO BOX 5010

City or Town:

FREEHOLD

State:

NJ

Zip Code:

07728

**7. Facility or
Business Contact
Person**

First Name:

Jack

Last Name:

Fitzsimmons

Title:

Operations

Phone Number:

(732) 462-1001

Extension:

7222

E-Mail:

jackfitz@freeholdcartage.com

Street or P.O. Box:

PO BOX 5010

City or Town:

FREEHOLD

State:

NJ

Zip Code:

07728

**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:

Thomas J. Blanchet

☐ New Owner

Date became Owner: 08 / 23 / 1962
mm dd yy

Street or P.O. Box:

825 HIGHWAY 33

Phone Number:

City or Town:

FREEHOLD

State:

NJ

Zip Code:

07728

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:**

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

(1) Generator of Hazardous Waste

(Choose only one of the following three categories.)

- ☐ a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☒ b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☐ c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

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

(2) Treater, Storer, or Disposer of Hazardous Waste
(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) Recycler of Hazardous Waste (at your facility)Specify: ☐ Commercial; ☐ Non-Commercial.
A permit is required for storage prior to recycling.**(4) Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.**(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(7) ☒ Transporter of Hazardous Waste [Note: A Certificate of Liability Insurance is required along with this registration.]**Registration must be renewed annually. ☐ a. For own waste only ☒ b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**Insurance Company ZURICH AMERICAN INSURANCE COMPANYAddress 1400 AMERICAN LANE, SCHAUMBURG, IL 60196Contact Chris StaffordTelephone (856) 914-4656Policy Number TRK368118911Expiration date 09/30/2012d. Transportation Mode ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____**e. ☒ Hazardous Waste Transfer Facility:**Storage Volume 400 DRUMS☐ Initial notification

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- ☐ Notification of changes in above items
- ☒ Annual update notification

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☒ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☒ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10,000 LBS
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10,000 LBS
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5,000 LBS
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5,000 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):**

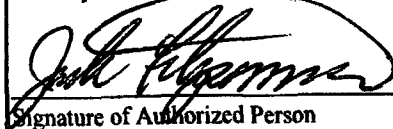
- ☒ a. Transporter
- ☒ b. Transfer Facility

(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

Jack Fitzsimmons

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	F001	6	F002	7	F003
8	ALL	9	RCRA	10	WAST	11	IS	12	TRAN	13	SPOR	14	TED
15	BY	16	FCI	17		18		19		20		21	
22		23		24		25		26		27		28	

11. Other Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☐ (3) Other (explain) _____

B. Facility Closed

- ☐ (1) Closed at this location and moved or moving to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

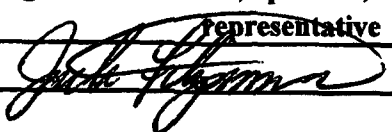
Contact _____ Phone _____

Address _____

City, State, Zip _____

☐ C. Property Tax Default☐ D. Petition for Bankruptcy Protection

12. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
	Jack Fitzsimmons	11/17/2011

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

Jack Fitzsimmons 7324621001 jackfitz@freeholdcartage.com

(Name of person completing this form) (Phone Number) (E-mail Address)

13. Comments:



Department of Environmental Protection
FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(4)
Form Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 9, 2005

Received

JA 17 2012

BSHW

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. Zurich American Insurance Company 1400 American Lane, Schaumburg, IL 60196
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Freehold Cartage, Inc. (the Insured),
(Name of the Insured)

825 Highway #33 East, Freehold, NJ 07728 whose EPA Identification number is NJD054126164
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000 less the deductible or
retention of \$ 150,000 for each accident exclusive of legal defense costs. If a deductible or retention is applied,
its amount may not exceed 10% of the equity of the Insured.

This coverage is provided under policy number TRK368118911, issued on 10/01/2011
(Date)

The expiration date of said policy is 10/01/2012 or the annual renewal date is N/A
(Date) (Date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under this policy.
- 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.
- 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.
- Cancellation of the insurance, whether by the Insurer or the Insured or by any other termination of the insurance (e.g. expiration or 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.
- 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 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 Insurer or Authorized Representative)

Joan M. Williams

(Type Name)

Account Manager, Willis of New Jersey, Inc. 1015 Briggs Rd., Mt. Laurel, NJ 08054

(Title)

Authorized Representative of

Zurich American Insurance Company

(Name of Insurer)

(Address of Representative)

**Chapter 62-710.600(2)(e), Florida Administrative Code
Certification Program for Used Oil Transporters**

(e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times and be exclusive of legal defense costs.

1. The insurance required in this paragraph may be established by:

a. Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with the deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 62-710.901(4). The insurance policy shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. An ACORD form will only be accepted for renewal of a policy with the same carrier; or

b. For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer of the business entity.

2. States and the federal government are exempt from the requirements of this paragraph.

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



Received

JAN 17 2012

**Certificate of Liability Insurance
Used Oil Transporters**

BSHW

Please Print or Type Form

1. Zurich American Insurance Company 1400 American Lane, Schaumburg, IL 60196
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Freehold Cartage, Inc. (the Insured),
(Name of the Insured)

825 Highway #33 East, Freehold, NJ 07728 whose EPA Identification number is FLD984187831
(Address of the Insured) FL Location: 175 Bartow Municipal Airport, Bartow,
FL 33830

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000 less the deductible or
retention of \$ 150,000 for each accident exclusive of legal defense costs. If a deductible or retention is applied,
its amount may not exceed 10% of the equity of the Insured.

This coverage is provided under policy number TRK368118911 issued on 10/01/2011
(Date)

The expiration date of said policy is 10/01/2012 or the annual renewal date is N/A
(Date) (Date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under this policy.
- 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.
- 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.
- Cancellation of the insurance, whether by the Insurer or the Insured or by any other termination of the insurance (e.g. expiration or 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.
- 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 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 Insurer or Authorized Representative)

Joan M. Williams

(Type Name)

Account Manager, Willis of New Jersey, Inc. 1015 Briggs Rd., Mt. Laurel, NJ 08054

(Title)

Authorized Representative of

Zurich American Insurance Company

(Name of Insurer)

(Address of Representative)

**Chapter 62-710.600(2)(e), Florida Administrative Code
Certification Program for Used Oil Transporters**

(e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times and be exclusive of legal defense costs.

1. The insurance required in this paragraph may be established by:

a. Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with the deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 62-710.901(4). The insurance policy shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. An ACORD form will only be accepted for renewal of a policy with the same carrier; or

b. For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer of the business entity.

2. States and the federal government are exempt from the requirements of this paragraph.

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

JAN 17 2012

BSHW

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 Insurance Company
 (Name of Insurer)

(the "Insurer"), of 1400 American Lane, Schaumburg, IL 60196
 (Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Freehold Cartage, Inc.
 (Name of Insured)

(the "Insured"), of 825 Highway #33 East, Freehold, NJ 07728
 (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:

EPA/DEP I.D. No.	Name	Location
NJD054126164	Freehold Cartage, Inc.	833 Highway #33 East Freehold, NJ 07728

(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 TRK368118911, 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)

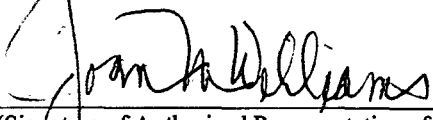
This insurance is excess and the company shall not be liable for amounts in excess of \$_____ for each accident in excess of the underlying limit of \$_____ for each accident, exclusive of legal defense costs. The coverage is provided under policy number _____, issued on _____. The effective date of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

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
- (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.

 1-10-12
(Signature of Authorized Representative of Insurer)

Joan M. Williams

(Typed name)

Account Manager

(Title)

Authorized Representative of

Zurich American Insurance Company

(Name of Insurer)

1015 Briggs Road, Mount Laurel, NJ 08054

(Address of Representative)

Received

JAN 17 2012

BSHW

DEP Form # 62-730.900(5)(b)
 Form Title: HWF Transporter Liability Endorsement
 Effective Date: 1-29-06
 DEP Application #

STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER LIABILITY ENDORSEMENT

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Location</u>
NJD054126164	Freehold Cartage, Inc.	823 Highway #33 East Freehold, NJ 07728

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

This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident, exclusive of the legal defense costs.

This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident, exclusive of legal defense costs.

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

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

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.

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

(d) Cancellation of this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of

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

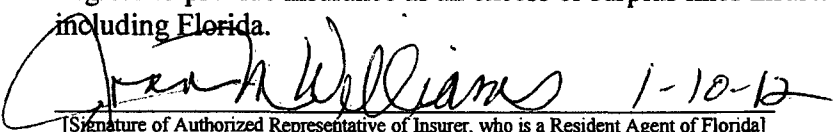
(e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

Attached to and forming part of policy No. TRK368118911 issued by
Zurich American Insurance Company, herein called the Insurer, of
[Name of Insurer]
1400 American Lane, Schaumburg, IL 60196
[Address of Insurer] to
Freehold Cartage, Inc. of
[Name of Insured]
825 Highway #33 East, Freehold, NJ 07728
[Address of Insured]

this 28th day of October, 20 11. The effective date of said
(Day) (Month) (Year)

policy is 1st day of October, 20 11.
(Day) (Month) (Year)

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states including Florida.


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

Joan M. Williams

[Type Name]

Account Manager

[Title]

Authorized Representative of
Zurich American Insurance Company

[Name of Insurer]

1015 Briggs Road, Mount Laurel, NJ 08054

[Address of Representative]

Received

JAN 17 2012

BSHW

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. Steadfast Insurance Company
 (Name of Insurer)

(the "Insurer"), of 1400 American Lane, Schaumburg, IL 60196
 (Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Freehold Cartage, Inc.
 (Name of Insured)

(the "Insured"), of 825 Highway #33 East, Freehold, NJ 07728
 (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:

EPA/DEP I.D. No.	Name	Location
NJD054126164	Freehold Cartage, Inc.	833 Highway #33 East Freehold, NJ 07728

(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 \$_____ for each accident, exclusive of legal defense costs. The coverage is provided under policy number _____, issued on _____.

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


This insurance is excess and the company shall not be liable for amounts in excess of \$4,000,000 _____ for each accident in excess of the underlying limit of \$1,000,000 _____ for each accident, exclusive of legal defense costs. The coverage is provided under policy number SEO586048307, 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.

 1-10-12
(Signature of Authorized Representative of Insurer)

Joan M. Williams

(Typed name)

Account Manager

(Title)

Authorized Representative of

Steadfast Insurance Company

(Name of Insurer)

1015 Briggs Road, Mount Laurel, NJ 08054

(Address of Representative)

Received

JAN 17 2012

BSHW

DEP Form # 62-730.900(5)(b)
 Form Title: HWF Transporter Liability Endorsement
 Effective Date: 1-29-06
 DEP Application #

STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER LIABILITY ENDORSEMENT

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Location</u>
NJD054126164	Freehold Cartage, Inc.	823 Highway #33 East Freehold, NJ 07728

(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 \$ _____ for each accident, exclusive of the legal defense costs.

This insurance is excess and the company shall not be liable for amounts in excess of \$4,000,000 _____ for each accident in excess of the underlying limit of \$1,000,000 _____ for each accident, exclusive of legal defense costs.

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

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

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.

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

(d) Cancellation of this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of

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

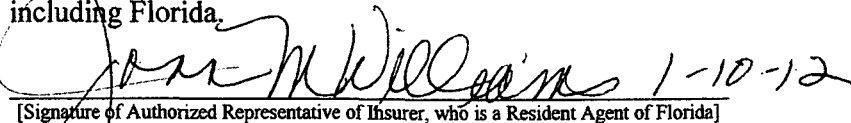
(e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

Attached to and forming part of policy No. SEO586048307 issued by
Steadfast Insurance Company
[Name of Insurer], herein called the Insurer, of
1400 American Lane, Schaumburg, IL 60196
[Address of Insurer] to
Freehold Cartage, Inc.
[Name of Insured] of
825 Highway #33 East, Freehold, NJ 07728
[Address of Insured]

this 28th day of October, 2011. The effective date of said
(Day) (Month) (Year)

policy is 1st day of October, 2011.
(Day) (Month) (Year)

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states including Florida.


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

Joan M. Williams

[Type Name]

Account Manager

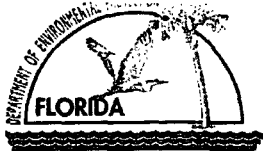
[Title]

Authorized Representative of
Steadfast Insurance Company

[Name of Insurer]

1015 Briggs Road, Mount Laurel, NJ 08054

[Address of Representative]



Department of Environmental Protection

FDEP, MS 4560, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)
Form Title Annual Report by Used Oil
and Used Oil Filter Handlers
Effective Date June 9, 2005

JAN 17 2012

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. [See Section A, Box 5 below] for reporting period January 1, 2011 through December 31, 2011

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document

BSHW

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: Freehold Cartage Inc 2. Telephone No. (732) 462 1001
Site Address: 825 Rt 33 Freehold, NJ 07728
3. EPA ID No. NJD 054 126 164
☐ Check box if any of the above items (1-3) have changed since your last registration
4. Name of person preparing report (please print) Nicholas Lucas
Title IT Manager Phone number (if different from #2, above) (____)
5. Type of operation (check as many as apply to your operations)
Used Oil: ☒ Transporter ☐ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor ☐ Marketer
☐ Burner (of off-specification used oil)
Used Oil Filter: ☒ Transporter ☐ Transfer Facility ☐ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

	Automotive	Industrial	Mixed	Total
1. Amount (in gallons) of Used Oil and Oily Wastes collected				
a. In Florida.....	—	—	39084	39084
b. From out of state.....	—	—	—	—
c. Beginning Inventory.....				0
d. Total (sum of totals from Lines a + b + c).....				39084

	In State	Out of State
2. Amount (in gallons) of Used Oil and Oily Wastes Managed		
N - Not an end use, transferred to another facility for storage or processing.....	39084	—
O - Marketed as an on-specification used oil fuel.....		
F - Marketed as an off-specification used oil fuel.....		
I - Marketed for an industrial process.....		
B - Burned as an off-specification used oil fuel		
D - Disposed of		
Landfilled.....		
Treated at a wastewater treatment unit.....		
Incinerated.....		
3. Total amount (in gallons) of used oil managed.....	39084	—
4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....	0	0

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year.....	0	✓
2. Number of used oil filters collected.....	4630	✓
3. Total number of used oil filters to manage (1 plus 2).....	4630	✓
4. Disposition of used oil filters collected:	4630	✓
a. Transferred to another registered facility.....	0	✓
b. Burned for energy recovery at a Waste-To-Energy facility.....	0	✓
c. Transferred directly to a metal foundry for recycling.....	0	✓
d. TOTAL.....	4630	✓
5. End of year, on had estimate (Difference between Lines 3 and Line 4d).....	0	✓
6. Gallons of used oil collected as a result of filter processing.....	0	✓
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....	0	✓
8. Volume of oily waste collected and managed as a result of filter processing.....	0	✓
9. Description of oily waste management.....		

DIRECTIONS FOR SECTION C

Conversion Table

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

- Enter the number of Used Oil Filters on hand, from previous year's inventory.
- Enter the number of Used Oil Filters collected.
- Enter the sum of Line 1 + Line 2.
- Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
- Enter the number of filters on hand at your site as of December 31, last year.
- Fill in the number of gallons of used oil collected by your filter operation.
- Enter the number of gallons transferred to a used oil transporter or processor.
- 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.
- 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.