



## Florida Department of Environmental Protection

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

Rick Scott  
Governor

Herschel T. Vinyard Jr.  
Secretary

07/24/2013

Brenda Grubbs  
Rineco Transportation LLC  
1002 Vulcan Rd  
Benton, AR 72015-8982

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 **1002 Vulcan Rd, Benton, AR 72015** has been registered through **March 1, 2014** with the following status:

Facility ID # **ARR000016733**  
**Transporter of Universal Waste Lamps and Devices**

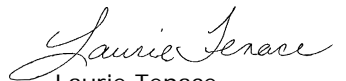
The registration form for the year **2014** will be sent to the contact person on your application.

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 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 by sending an updated form 8700-12FL(Florida Notification of Regulated Waste Activity) to the address on the form which can be found at <http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm>. I can also be contacted at (850) 245-8759 or at [Laurie.Tenace@dep.state.fl.us](mailto:Laurie.Tenace@dep.state.fl.us).

Sincerely,

  
Laurie Tenace  
Environmental Specialist  
Waste Reduction Section

Enclosures

**8700-12FL - FLORIDA NOTIFICATION OF  
REGULATED WASTE ACTIVITY**

DEP Waste Management Division—HWRs, MS4560  
2600 Blair Stone Rd. Tallahassee, FL 32399-2400  
(850) 245-8707

Date Received  
(for FDEP Official Use Only)

**Received**

JUL 08 2013

EPA ID: **ARR000014733**

Please use the instructions document to complete this form **SHW**

**1. Reason for  
Submittal**

(all submitters must  
complete pages 1 and 2  
and sign page 5.  
Pages 3 and 4, - com-  
plete as applicable)

Mark 'X' in  
the correct box:  
(must choose one  
if a notification)

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).  
☒ To provide subsequent notification (to update status and facility identification information).  
☐ To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)

FL Registration(s) ☒ UW Mercury (see page 3) HW Transporter (see page 4) ☐ Used Oil (see page 4)

**2. Facility or  
Business Name**

**Rineco Transporation LLC**

**3. Facility  
Operator**

(List additional Opera-  
tors in the comments  
section).

Name of Operator:

**Rineco Transporation LLC**

Date became Operator: 08/ /08 / 2007

Street or P.O. Box:

**P.O. BOX 729**

Phone Number:

**501-778-9089**

City or Town:

**BENTON**

State:

**AR**

Zip Code:

**72018**

Country (if not USA):

Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other \_\_\_\_\_

**4. Facility  
Physical  
Location  
Information  
(No P.O. Boxes)**

Physical Street Address:

**1002 VULCAN ROAD**

☐ Vessel

City or Town:

**BENTON**

State:

**AR**

Zip Code:

**72018**

☒ Same address as  
#3 above or:

County:

**SALINE**

Country (if not USA):

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

A. 

5	6	2	1	1	2				
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 (required) B. 

--	--	--	--	--	--	--	--	--	--

  
C. 

--	--	--	--	--	--	--	--	--	--

 D. 

--	--	--	--	--	--	--	--	--	--

**6. Facility or  
Business  
Mailing Address**

☒ Same address as #3 above or: Street or P.O. Box:

City or Town:

State:

Zip/Postal Code:

Country (if not USA):

**7. Facility or  
Business  
RCRA  
Contact Person**

First Name:

**BRENDA**

Last Name:

**GRUBBS**

Title:

**PERMIT OFFICER**

Phone Number:

**501-778-9089**

Extension:

**5305**

E-Mail:

**brenda.grubbs@rineci.com**

Fax:

**501-776-1629**

Street or P.O. Box:

☒ Same address as  
#\_\_ above or:

City or Town:

State:

Zip Code:

Country (if not USA):

**8. Real Property  
(FL Land) Owner  
of the Facility's  
Physical Location  
(List additional  
owners in the com-  
ments section.)**

Name of Owner:

**RINECO TRANSPORATION , LLC**

Date became Owner: 08 / 08 / 2007

☐ New Owner mm dd yy

Street or P.O. Box:

**P.O. BOX 729**

Phone Number:

**501-778-9089**

City or Town:

**BENTON**

State:

**AR**

Zip Code:

**72018**

Country (if not USA):

Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other \_\_\_\_\_

**9. RCRA Hazardous Waste Activities at this Facility:** (Mark 'X' in all that apply):**(A) (1) Generator of Hazardous Waste**

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

☐ Yes ☒ No (Do not include Universal Waste or Used Oil)

If YES, 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 (at least once a year)
- ☐ **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 (at least once a year)
- ☐ **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. Short-Term Generator (one-time, not on-going)
- ☐ e. Episodic: Not more than one-time per year: \_\_SQG\_\_LQG
- ☐ f. United States Importer of hazardous waste
- ☐ g. 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 Order (HSWA, etc.)

**(3) Recycler of Hazardous Waste** (at your facility)Specify: ☐ Commercial ☐ Non-Commercial.

Note: 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) Receives Hazardous Waste from Off-Site****(7) Underground Injection Control****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, K019, P012, U112).  
Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

1 SEE ATTACHED	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

**11. Other Status Changes** (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):**(A) Non-Handler of Regulated Waste at This Facility** (Sections 9, 10 and 12-16 should be blank. )

- ☐ (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.

**(B) Facility Closed** (Complete this section only if all business activities at this facility have ceased.)

- ☐ (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will
- ☐ (2) Out of Business - Business closed on \_\_\_\_\_ (date)

☐ **(C) Property Tax Default**☐ **(D) Petition for Bankruptcy Protection****12-14 — Registration Activities Contact Information** (only if this submission is a registration or registration information update):

<input checked="" type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter:  Contact for: <input type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste	First Name:		Last Name:		Title:	
	Phone Number:		Extension:	E-Mail:		
	Street or P.O. Box:					
	City or Town:		State:(Country):		Zip Code:	

**Universal Waste Notification and Mercury Transporter/Handler Registration**

 EPA ID No. **ARR000016733**
**12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :**
**A. Federal Notification**

- ☐ Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: **5,000 kg (11,000 lb) or more** of any combination of UW accumulated (at any one time)
- Accumulates: ☐ a. UW Batteries ☐ b. Pesticides ☐ c. Pharmaceuticals  
☐ d. Mercury Containing Devices ☐ e. Mercury Containing Lamps
- ☐ 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.

**B. Florida Universal Pharmaceutical Waste (UPW): one-time registration**

- ☐ Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)
- ☐ Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated
- ☐ Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])

**C. Florida Annual Mercury Handler Registration:**

For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first).

If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.

**(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities**

- ☐ First time registering ☒ Renewal ☐ One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached

- ☒ For-hire **Transporter** of Universal Waste Mercury-Containing Lamps or Devices
- ☐ For-hire **Transfer Facility** of Universal Waste Mercury-Containing Lamps or Devices
- ☐ Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler

 Annual  
Registration  
Required

- ☐ Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler
- ☐ Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler

 Annual Registration +  
one-time \$1,000 fee +  
More Requirements  
(contact FDEP)

**(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)**

- ☐ First time registering ☐ Renewal

 Annual Registration  
Required

Briefly Describe your Universal Waste Activities:

☐ We use Drum Top Bulb Crusher(s).

**13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) ☐ Recovery ☒ Transport [62-740 F.A.C.]**

Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]

**14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)**

**Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration.** Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. **Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.**

**A. HW Transporter Registration Information (must be completed annually and when this information changes)**

**This facility is a registered transporter of hazardous waste.**

**This form is:** ☐ Initial Registration ☒ **Renewal** ☐ Notification of changes ☐ Cancel Registration

☐ 1. For own waste only ☒ 2. For commercial purposes ☐ 3. Both commercial and own waste

4. **Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify \_\_\_\_\_

**B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)**

☐ **This facility is a Hazardous Waste Transfer Facility: (at this location)** Storage Volume \_\_\_\_\_

**This form is:** ☐ Initial Registration ☒ **Renewal** ☐ Notification of changes ☐ Cancel Registration

**Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.**

**The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):**

☐ Our mailing (business) address ☐ The site (facility) address

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:

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**Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:**

**15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if you need to register your used oil activities),**

**Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.**

**This form is:** ☐ Initial Registration ☒ **Renewal** ☐ Notification of changes ☐ Cancel Registration

☐ If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.

(1) Used Oil Transporter - mark activities: (occurring in Florida)

☒ a. Transporter (off-site) and noncontiguous locations

☐ b. Transfer Facility

(2) ☐ Collection Center (From businesses, no more than 55 gal per shipment)

(3) ☐ Used Oil Processor (A permit is required.)

(4) ☐ Off-Specification Used Oil Burner

(5) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

(6) Used Oil Filter Management (must annually register)

☒ a. Transporter

☐ b. Transfer Facility

☐ c. Processor (Annual Report Required)

☐ d. End User

(7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):

☐ Our mailing (business) address ☒ The site (facility) address

**Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.**

**(14 cont.) Hazardous Waste Transfer Facilities:** In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [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.]

**(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))**

In addition to the requirements on Page 4 Section 15:

- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.).

☐ The used oil annual report is attached ☐ Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

**16. Comments (attach a page if more space is needed):**

**17. 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.

☐ I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..

Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
Brenda Grullis	Permit officer	<input type="checkbox"/>	7-5-2013
		<input type="checkbox"/>	
		<input type="checkbox"/>	

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

(Name of person completing this form)

(Phone Number)

(E-mail Address)



# CERTIFICATE OF LIABILITY INSURANCE

RINEC-3

OP ID: LK

DATE (MM/DD/YYYY)

08/30/12

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> Regions Insurance, Inc.(LR) 1500 Riverfront Drive Little Rock, AR 72202 John Meadors		<b>501-661-4800</b> <b>501-666-9592</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b>	<b>FAX (A/C, No):</b>																					
<b>INSURED</b> Rineco Transportation, LLC P. O. Box 729 Benton, AR 72015		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Commerce and Industry Ins Co</td><td>19410</td></tr><tr><td>INSURER B:</td><td>Travelers Prop Cas Co of Amer</td><td>25674</td></tr><tr><td>INSURER C:</td><td>Chartis Specialty Insurance Co</td><td>26883</td></tr><tr><td>INSURER D:</td><td>National Union Fire Ins Co of</td><td>19445</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>			INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Commerce and Industry Ins Co	19410	INSURER B:	Travelers Prop Cas Co of Amer	25674	INSURER C:	Chartis Specialty Insurance Co	26883	INSURER D:	National Union Fire Ins Co of	19445	INSURER E:			INSURER F:		
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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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> GENERAL LIABILITY		EG2024263	09/01/12	09/01/13	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 25,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY		CA7571356	09/01/12	09/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR	EGU2024912	09/01/12	09/01/13	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$ 10,000				
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC0999376	09/01/12	09/01/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Motor Truck Cargo Coverage		6604849N42A	09/01/12	09/01/13	Limit 250,000 Deductibl 2,500

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

**CERTIFICATE HOLDER****CANCELLATION**

RITRBE1

Rineco Transportation, LLC

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

*John M Meadors*

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