

received
NOV 12 2013

STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

1. New Hampshire Insurance Company
(Name of Insurer)

(the "Insurer"), of 70 Pine Street, New York, NY 10270
(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

Allstate Power Vac, Inc.
(Name of Insured)

(the "Insured"), of 928 E. Hazelwood Ave., Rahway, NJ 07065
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
<u>NJD003812047</u>	<u>Allstate POver Vac, Inc.</u>	<u>923 E. Hazelwood Ave., Rahway, NJ 07065</u>

(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 CA7557770, issued on 8/1/2013.
(date)

The effective date of said policy is 8/1/2013 and the expiration date of said policy is 8/1/2014.
(date) (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)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

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)

DAVID FERGUSSON
(Typed name)

AVP - PRODUCT LINE MANAGER
(Title)

Authorized Representative of

New Hampshire Insurance Company
(Name of Insurer)

300 S. Riverside Plaza, #300, Chicago, IL 60606
(Address of Representative)



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2
DATE (MM/DD/YYYY)
08/07/2013

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 Willis of Michigan, Inc. c/o 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191		Received AUG 12 2013 BSHW	CONTACT NAME: PHONE (A/C NO. EXT): 877-945-7378 FAX (A/C NO.): 888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
INSURED Allstate Power-Vac, Inc 928 E. Hazelwood Ave. Rahway, NJ 07065			INSURER(S) AFFORDING COVERAGE INSURER A: Chartis Specialty Lines Insurance 26883-001 INSURER B: New Hampshire Insurance Company 23841-002 INSURER C: Chartis Specialty Lines Insurance 26883-002 INSURER D: New Hampshire Insurance Company 23841-003 INSURER E: Commerce and Industry Insurance Company 19410-006 INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 20218917** **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	ADD'L INSRD	SUBR 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"/> XCU Included <input checked="" type="checkbox"/> \$100,000 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			PROP57666391	8/1/2013	8/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			CA7557770 CA1955437	8/1/2013 8/1/2013	8/1/2014 8/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PROU57666618	8/1/2013	8/1/2014	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC006506637	8/1/2013	8/1/2014	<input checked="" type="checkbox"/> WC STATUTORY 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
E	Pollution Legal Liability			PLS2673560	8/1/2012	8/1/2015	\$35,000,000 Each Incident \$35,000,000 Aggregate

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

See Attached for Additional Workers Compensation policies:

CERTIFICATE HOLDER**CANCELLATION**Department of Environmental Protection
Hazardous Waste Mgmt. Section
2600 Blair Stone Road, MS4555
Tallahassee, FL 32399

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



ADDITIONAL REMARKS SCHEDULE

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AGENCY Willis of Michigan, Inc.		NAMED INSURED Allstate Power-Vac, Inc 928 E. Hazelwood Ave. Rahway, NJ 07065	
POLICY NUMBER See First Page			
CARRIER See First Page	NAIC CODE	EFFECTIVE DATE: See First Page	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Policy #: WC 084631373 - AZ,GA,VA
 Policy Term: 08/01/13 - 08/01/14
 Carrier: New Hampshire Insurance Company
 Statutory Limits:
 \$1,000,000 EL Each Accident
 \$1,000,000 EL Disease - Each Employee
 \$1,000,000 EL Disease - Policy Limit
 Policy #: WC 084631372 - CA
 Policy Term: 08/01/13 - 08/01/14
 Carrier: New Hampshire Insurance Company
 Statutory Limits:
 \$1,000,000 EL Each Accident
 \$1,000,000 EL Disease - Each Employee
 \$1,000,000 EL Disease - Policy Limit

Policy #: WC 006506638 - FL
 Policy Term: 08/01/13 - 08/01/14
 Carrier: New Hampshire Insurance Company
 Statutory Limits:
 \$1,000,000 EL Each Accident
 \$1,000,000 EL Disease - Each Employee
 \$1,000,000 EL Disease - Policy Limit
 Policy #: WC 084631374 - IL,KY,NC,UT
 Policy Term: 08/01/13 - 08/01/14
 Carrier: New Hampshire Insurance Company
 Statutory Limits:
 \$1,000,000 EL Each Accident
 \$1,000,000 EL Disease - Each Employee
 \$1,000,000 EL Disease - Policy Limit
 Policy #: WC 006506636 - MA,WI
 Policy Term: 08/01/13 - 08/01/14
 Carrier: New Hampshire Insurance Company
 Statutory Limits:
 \$1,000,000 EL Each Accident
 \$1,000,000 EL Disease - Each Employee
 \$1,000,000 EL Disease - Policy Limit
 Policy #: WC 084631376 - ME
 Policy Term: 08/01/13 - 08/01/14
 Carrier: New Hampshire Insurance Company
 Statutory Limits:
 \$1,000,000 EL Each Accident
 \$1,000,000 EL Disease - Each Employee
 \$1,000,000 EL Disease - Policy Limit

Policy #: WC 006506646 - MI
 Policy Term: 08/01/13 - 08/01/14
 Carrier: Illinois National Insurance Co.
 Statutory Limits:
 \$1,000,000 EL Each Accident
 \$1,000,000 EL Disease - Each Employee
 \$1,000,000 EL Disease - Policy Limit
 Policy #: WC 084631375 - NJ,PA
 Policy Term: 08/01/13 - 08/01/14
 Carrier: New Hampshire Insurance Company
 Statutory Limits:
 \$1,000,000 EL Each Accident
 \$1,000,000 EL Disease - Each Employee
 \$1,000,000 EL Disease - Policy Limit