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MAR 31 2014

PERMITTING & COMPLIANCE ASSISTANCE PROGRAM

DEP Form # 17-730.900(5)(a)
Form Title: HWF Transporter Certificate of
Liability Insurance
Effective Date: 1-29-06
DEP Application #

1.

## STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY INSURANCE

ACE Property and Casualty Insura	nce Company	
	(Name of Insurer)	
(the "Insurer"), of 436 Waln	ut Street, Philadelphía, PA 19106	
	(Address of Insurer)	
	issued liability insurance covering bodi for sudden accidental occurrences to	ily injury and property damage includ
Midwest Environmental Transport,		
	(Name of Insured)	
(the "Insured"), of 10163 C	ncinnati Dayton Rd., Cincinnati, OH 45241	
	(Address of Insured)	
	ured's obligation to demonstrate financial 62-730.170. The coverage applies at:	al responsibility under Florida
Administrative Code Ruic	. 02-730.170. The coverage applies at.	
<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Location</u>
	Midwest Environmental Transport,	10163 Cincinnati Dayton Rd. Cincinnati, OH 45241
OH0000000539	Inc.	5115111154
	e facilities, identify each facility insured	
1 nis insurance is <u>primary</u> \$ 1,000,000.	and the company shall not be liable for a correct accident, exclusive of legal defe	amounts in excess or ense costs. The coverage is provided
under policy number H084	5310A 004 , issued on 03/26/2	2014
. ,		(date)
The effective date of said	policy is 04/01/2014 and	the expiration date of said policy
. 0404-04-0	(date)	
is 04/01/2015	·	
(date)		
This insurance is excess a	nd the company shall not be liable for ar	mounts in excess of
\$	for each accident in excess of the under	erlying limit of
\$		• •
under policy number	for each accident, exclusive of legal de	efense costs. The coverage is provide
	_for each accident, exclusive of legal do, issued on	efense costs. The coverage is provide The effective date of
	_for each accident, exclusive of legal de , issued on (da	efense costs. The coverage is provide  The effective date of the coverage is provided to the coverage is provided
	_for each accident, exclusive of legal do, issued on	efense costs. The coverage is provide  The effective date outel

- 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)

Underwriting Manager
(Title)

Authorized Representative of

ACE Property and Casualty Insurance Company

(Name of Insurer)

11575 Great Oaks Way, Ste. 200, Alpharetta, GA 30022

(Address of Representative)

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:

EPA/DEP I.D. No.	<u>Name</u>	Location		
ОН0000000539	Midwest Environmental	10163 Cincinnati Dayton Rd.		
•	Transport, Inc.	Cincinnati, OH 45241		
(If coverage is for multiple facilities, identify each facility insured.)				
This insurance is <u>primary</u> and the company shall not be liable for amounts in excess of \$\(\frac{1,000,000}{\cdot}\). 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				
\$		ess of the underlying limit of		
\$	<del></del>	sive of legal defense costs.		
	- · · -	occurrences is subject to all of the		

- 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. Hoods 1004 1004 1004 1004 1004	
ACE Property & Casualty Ins. Company, herein called the Insurer, of	
[Name of Insurer]	
436 Walnut Street, Philadelphia, PA 19106	to
[Address of Insurer]	
Midwest Environmental Transport, Inc.	of
[Name of Insured]	
10163 Cincinnati Dayton Rd., Cincinnati, OH 45241	
[Address of insured]	_
this day of, 20, The effective date of said	
policy is day of, 20, 20	
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]	
Rita Emig	
[Type Name]	
Underwriting Manager	
[Title]	
Authorized Representative of	
ACE Property and Casualty Insurance Company	
[Name of Insurer]	
11575 Great Oak Way, Ste. 200, Alpharetta, GA 30022	
[Address of Representative]	

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**

Westchester Surplus Lines Insura	nce Company	
	(Name of Insurer)	
(the "Insurer"), of 436 Waln	nut Street, Philadelphia, PA 19106	
	(Address of Insurer)	
	s issued liability insurance covering bodi for sudden accidental occurrences to	ily injury and property damage inclu
Midwest Environmental Transport		
	(Name of Insured)	
(the "Insured"), of 10163 C	incinnati Dayton Rd., Cincinnati, OH 45241	
, , , , , , , , , , , , , , , , , , , ,	(Address of Insured)	
	sured's obligation to demonstrate financi	al responsibility under Florida
Administrative Code Rul	e 62-730.170. The coverage applies at:	
EPA/DEP I.D. No.	<u>Name</u>	Location
OH0000000539	Midwest Environmental Transport, Inc.	10163 Cincinnati Dayton Rd. Cincinnati, OH 45241
This insurance is primary		amounts in excess of
	(date)	
is(date)	<del></del> •	
(====)		•
	and the company shall not be liable for a	
\$ 4,000,000.	_for each accident in excess of the under	erlying limit of
\$ 4,000,000. \$ 1,000,000.	for each accident in excess of the und for each accident, exclusive of legal d , issued on 03/26/2014	erlying limit of effense costs. The coverage is provident to the effective date
\$ 4,000,000. \$ 1,000,000.	for each accident in excess of the und for each accident, exclusive of legal d , issued on 03/26/2014	erlying limit of efense costs. The coverage is provided. The effective date ate)

(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.

Sta Emig
(Signature of Authorized Representative of Insurer)
Rita Emig
(Typed name)
Underwriting Manager
(Title)
Authorized Representative of
Westchester Surplus Lines Insurance Company
(Name of Insurer)
11575 Great Oaks Way, Ste. 200, Alpharetta, GA 30022

(Address of Representative)

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:

0000100000	er and coverage approx un				
EPA/DEP I.D. No.	Name	Location			
ОН0000000539	Midwest Environmental	10163 Cincinnati Dayton Rd.			
•	Transport, Inc.	Cincinnati, OH 45241			
(If coverage is for mu	ltiple facilities, identify each	h facility insured.)			
This insurance is <u>primary</u> and the company shall not be liable for amounts in excess of for each accident, exclusive of the legal defense costs.					
This insurance is exc	ess and the company shall n	ot 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):					
	insolvency of the insured sl policy to which this endorse	hall not relieve the Insurer of its ement is attached.			
		nounts within any deductible applicable insured for any such payment made by			

- (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. G24199885 004 issued by	,
Westchester Surplus Lines Ins. Company, herein called the Insurer, of	
[Name of Insurer]	
436 Walnut Street, Philadelphia, PA 19106	to
[Address of Insurer]	_ ~
Midwest Environmental Transport, Inc.	
[Name of Insured]	_of
10163 Cincinnati Dayton Rd., Cincinnati, OH 45241	
[Address of Insured]	
• •	
this 26th day of March , 20 14 The effective date of said (Year)	
(Day) (Month) (Year)	
policy is 1st day of April 20 14	
policy is $\frac{1st}{(Day)}$ day of $\frac{April}{(Month)}$ , $\frac{20^{-14}}{(Year)}$ .	
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 statincluding Florida.  [Signature of Authorized Representative of Insurer, who is a Resident Agent of Florida]	es
Rita Emig	
[Type Name]	•
Underwriting Manager	
[Title]	
Authorized Representative of	
Westchester Surplus Lines Insurance Company	
[Name of insurer]	
11575 Great Oak Way, Ste. 200, Alpharetta, GA 30022	
[Address of Representative]	