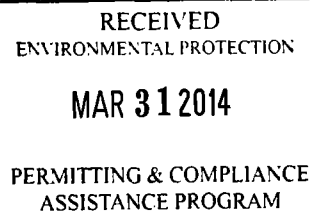


DEP Form # 17-730.900(5)(a)  
Form Title: HWF Transporter Certificate of  
Liability Insurance  
Effective Date: 1-29-06  
DEP Application #



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

1. Ace American Insurance Company  
(Name of Insurer)

(the "Insurer"), of 436 Walnut Street Philadelphia, PA 19106  
(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

Pioneer Tank Lines, Inc.  
(Name of Insured)

(the "Insured"), of 12501 Hudson Road South Afton, MN 55001  
(Address of Insured)

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

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Location</u>
MND044176113	Pioneer Tank Lines Inc.	12501 Hudson Road South Afton, MN 55001

(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 \$ 5,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number H08453913, issued on 04/01/2014.  
(date)

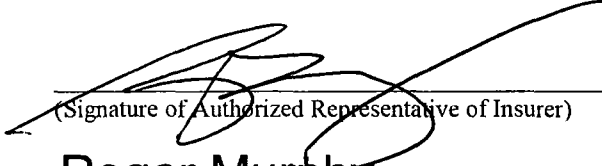
The effective date of said policy is 04/01/2014 and the expiration date of said policy is 04/01/2015.  
(date)

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)

**Roger Murphy**

(Typed name)

**Vice President**

(Title)

Authorized Representative of

Ace American Insurance Company

(Name of Insurer)

**436 Walnut St Philadelphia, PA 19106**

(Address of Representative)



# CERTIFICATE OF LIABILITY INSURANCE

PIONE34

OP ID: CC

DATE (MM/DD/YYYY)

03/26/14

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> Northern Capital Insurance Gro Wayne Mann Agency P.O. Box 9396 Minneapolis, MN 55440-9396 Thomas K. McDonald		<b>Phone: 952-996-8818</b> <b>Fax: 952-829-0482</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> <b>Pioneer Tank Lines Inc.</b> <b>12501 Hudson Road South</b> <b>Afton, MN 55001</b>		<b>RECEIVED</b> ENVIRONMENTAL PROTECTION <b>MAR 31 2014</b> PERMITTING & COMPLIANCE ASSISTANCE PROGRAM	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
			<b>INSURER A : ACE American Ins. Co. -22667</b>		
			<b>INSURER B : TBG - Star Insurance Co-18023</b>		
			<b>INSURER C : The Hanover Insurance - 22292</b>		<b>22306</b>
			<b>INSURER D :</b>		
			<b>INSURER E :</b>		
<b>INSURER F :</b>					

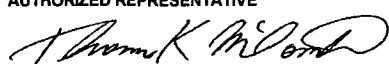
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BLKT ADDTL INSD <input checked="" type="checkbox"/> WAIVER OF SUBRO GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			G24263095003  ENV-3100 (08/04) ENV-3143 (03/05)	04/01/14	04/01/15	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 POLLUTION \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> POLICA9948 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS90			H08453913003	04/01/14	04/01/15	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ TRLR INTER \$ 60,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ NIL			G24263113003	04/01/14	04/01/15	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	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 <input checked="" type="checkbox"/> N	N/A	05-0001456	04/01/14	04/01/15	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	MOTOR TRK CARGO			IHX 7660802-04	04/01/14	04/01/15	PER VEH 150,000
C	DED \$1000c/\$2500r			IHX 7660802-04	04/01/14	04/01/15	PER OCC 300,000

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

**CERTIFICATE HOLDER****CANCELLATION**

<b>FLORID3</b>  Florida Department of Environmental Protection Hazardous Waste Mgmt Section 2600 Blair Stone Rd, MS4555 Tallahassee, FL 32399-2400	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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