Client#: 1036089 TRIUMENV

$ACORD_{\cdot\cdot\cdot}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/30/2014

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 RICEIVED	CONTACT NAME:			
USI Insurance Services LLC-CL FAMIRO MENTA PROTECTION	PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): 877-775-0110 E-Mail Address:			
75 John Roberts Road, Building C South Portland, ME 04106 JAN 0 7 2015				
	INSURER(S) AFFORDING COVERAGE	NAIC#		
855 874-0123	INSURER A: AIG Specialty Insurance Company	26883		
INSURED DURY LINGS COMPANY D	INSURER B : Chartis Specialty Insurance Com	26883		
Triumvirate Environmental (Florida), Inc R	INSURER C : New Hampshire Insurance Company	23841		
3701 SW 47th Ave, Suite 109	INSURER D:			
Davie, FL 33314	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.

NSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY			14647099	12/31/2014	12/31/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$1,000,000
	CLAIMS-MADE X OCCUR X BI/PD Ded:100000						MED EXP (Any one person) PERSONAL & ADV INJURY	\$25,000 \$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000 \$
С	AUTOMOBILE LIABILITY			CA0939693 AOS	12/31/2014	12/31/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS					1	BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	X MCS90 Endt							\$
В	UMBRELLA LIAB X OCCUR	Ì		14649000	12/31/2014	12/31/2015	EACH OCCURRENCE	\$25,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$25,000,000
	DED RETENTION \$							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A	WC015684000 FL	12/31/2014	12/31/2015	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	" ~					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
Α	Contractor Pollu			14647099	12/31/2014	12/31/2015	\$1,000,000 Per Occu	ırren
Α	Professional Liab			14647099	12/31/2014	12/31/2015	\$1,000,000 Each Cla	im

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

Environmental Package (General Liability, Contractors Pollution and Professional)

Coverage A. - Bodily Injury and Property Damage (Occurrence)

Coverage B. - Personal and Advertising Injury Liability (Occurrence)

Coverage C. - Medical Payments

Coverage D. - Professional Liability (Claims Made) (Retroactive Date 10/20/92)

(See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION			
Florida Department of Environmental Protection Bob Martinez Center	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
2600 Blair Stone Road	AUTHORIZED REPRESENTATIVE			
Taliahassee, FL 32399-2400	Sort Twittel			

DESCRIPTIONS (Continued from Page 1)

Deductibles: Property Damage and Bodily Injury Liability Combined Per Occurrence

Coverage A and B (Except Pollution Claims) \$100,000

Coverage A Pollution Claims: \$100,000

Coverage D: \$100,000

Umbrella Policy:

Sublimit for Covered Professional Liability Claims Endorsement - \$15,000,000.

Workers Compensation:

Other Workers Compensation Policies: Insurer C WC06506700 - 12/321/2014-12/31/2015 - All Other states WC015684358 - 12/31/2014-12/31/2015 - Massachusetts WC038238294 12/31/2014-12/31/2015 - Virginia

WC038238395 12/31/2014-12/31/2015 Pennsylvania

WC038238396 12/31/2014-12/31/2015 North Carolina and Vermont

Workers Compensation and Employers Liability under State Law-Insured States \$250,000 Retained Limit for Each Accident or Each Person for Disease Workers Compensation and Employers Liability under Federal Law-Insured States \$250,000 Retained Limit for Each Accident or Each Person for Disease Employers Liability- Monopolistic States \$250,000 Retained Limit for Each Accident or Each Person for Disease

Automobile:

Owned and Hired/Leased Comprehensive/Collision \$5,000/\$5,000 Deductible

Re: Hazardous waste transporter certification FLD981018773 Additional Insured status only applies per written contract and is subject to policy terms and conditions.