

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/26/2015

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 Connecticut, LLC		CONTACT NAME:	
c/o 26 Century Blvd P.O. Box 305191	RECEIVED  SAENVIRONMENTAL PROTECTION	PHONE (A/C, No, Ext):1-877-945-7378 E-MAIL ADDRESS:certificates@willis.com	FAX (A/C, No):1-888-467-2378
		INSURER(S) AFFORDING COVERAGE	NAIC #
	MAR 0 9 2015	INSURER A: Nautilus Insurance Company	17370
INSURED Moran Environmental Recovery,	LLC	INSURER B: Great Divide Insurance Company	25224
75 D. York Ave Randolph, MA 02368	PERMITTING & COMPLIANCE	INSURER C: Aspen Specialty Insurance Co	10717
1411401911, 121 02500	ASSISTANCE PROGRAM	INSURER D :	
	ASSISTANCETROGICAL	INSURER E :	
		INSURER F:	
COVERAGES	RTIFICATE NUMBER:W787778	REVISION NUM	MBER:

COVERAGES

CERTIFICATE NUMBER: w787778

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

TYPE OF INSURANCE

ADDL SUBR INSD WYD
POLICY NUMBER

ADDL SUBR INSD WYD
POLICY NUMBER

ADDL SUBR INSD WYD
POLICY NUMBER

ADDL SUBR INSD WYD
POLICY EFF (MM//DD/YYYY)

EACH OCCURRENCE \$ 1,000,000

LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
A	CLAIMS-MADE CCCUR	OCCUR			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$	1,000,000 1,000,000 5,000		
			1		02/28/2015 0	02/28/2016	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
	B AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS AUTOS		Y BAP1527285-14		02/28/2015	02/28/2016	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
B		v					BODILY INJURY (Per person)	\$	
~		I		BAP1527285-14			BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
С	UMBRELLA LIAB X OCCUR		Y EXACAPJ15		02/28/2015 02/	02/28/2016	EACH OCCURRENCE	\$	20,000,000
	X EXCESS LIAB CLAIMS-MADE	Y		EXACAPJ15			AGGREGATE	\$	20,000,000
	DED RETENTION \$0							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N				02/28/2015	00/00/0016	X PER STATUTE ER		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	Y	WCA1527287-14			E.L. EACH ACCIDENT	\$	1,000,000
- 9	(Mandatory in NH) If yes, describe under		WCA152/20/-14	02/28/2013	02/28/2016	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	Auto Liability - Any Auto MCS 90 is included.	Y	Y	MAA1527286-14	02/28/2015	02/28/2016	Combined Single Limit:	\$1,0	00,000

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

Certificate Holder is included as Additional Insured with Respects to General Liability; Contractors Pollution Liability and Automobile Liability as required by written contract. General Liability & Contractors Liability are Primary & Non-Contributory as required by written contract. Blanket Waiver of Subrogation applies with respect to General Liability; Contractors Liability; Automobile Liability & Workers Compensation as required by written contract and as permitted by law. General Liability Includes Contractual Liability Railroads as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
DED Waste Wassessel Division and Australia	AUTHORIZED REPRESENTATIVE
DEP Waste Management Division - HWRS, MS4560 2600 Blair Stone Road	Suffer 1
Tallahassee, FL 32399	O'Com

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AGENCY CUSTOMER ID:	
LOC #:	



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis of Connecticut, LLC		NAMED INSURED  Moran Environmental Recovery, LLC
POLICY NUMBER See Page 1	,	75 D. York Ave Randolph, MA 02368
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

MCS 90 is included.

Policy #BAP152728514 Includes Hired Auto Physical Damage Comprehensive & Collision: Actual Cash Value or Cost of Repairs or \$400,000 whichever is less. Comprehensive Deductible: \$100. / Collision Deductible: \$1,000.

Additional Excess Liability Follows Form over General Liability; Contractors Pollution Liability; Professional Liability; Automobile Liability &

Workers' Compensation: USL&H / Jones Act and Maritime Coverage

INSURER AFFORDING COVERAGE: Nautilus Insurance Company

POLICY NUMBER: ECPO1527284-14 EFF DATE: 02/28/2015 EXP DATE: 02/28/2016

NAIC#: 17370

ADDITIONAL INSURED: SUBROGATION WAIVED: Y

TYPE OF INSURANCE:

Professional Liability

LIMITS:

Contractors Pollution Liab. \$1,000,000/\$2,000,000
Professional Liability \$1,000,000/\$2,000,000