

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/2/2015

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).

<b>PRODUCER</b> <b>USI Insurance Services LLC-CL</b> <b>75 John Roberts Road, Building C</b> <b>South Portland, ME 04106</b> <b>855 874-0123</b>	<b>ENVIRONMENTAL PROTECTION</b>  <b>MAR 02 2015</b>  <b>PERMITTING &amp; COMPLIANCE</b> <b>ASSISTANCE PROGRAM</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): 855 874-0123</b> <b>FAX (A/C, No): 877-775-0110</b> <b>E-MAIL ADDRESS:</b>														
<b>INSURED</b> <b>Triumvirate Environmental (Florida), Inc</b> <b>10100 Rocket Blvd.</b> <b>Orlando, FL 32824</b>		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A : AIG Specialty Insurance Company</b></td> <td><b>26883</b></td> </tr> <tr> <td><b>INSURER B : Chartis Specialty Insurance Com</b></td> <td><b>26883</b></td> </tr> <tr> <td><b>INSURER C : New Hampshire Insurance Company</b></td> <td><b>23841</b></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : AIG Specialty Insurance Company</b>	<b>26883</b>	<b>INSURER B : Chartis Specialty Insurance Com</b>	<b>26883</b>	<b>INSURER C : New Hampshire Insurance Company</b>	<b>23841</b>	<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
INSURER(S) AFFORDING COVERAGE	NAIC #															
<b>INSURER A : AIG Specialty Insurance Company</b>	<b>26883</b>															
<b>INSURER B : Chartis Specialty Insurance Com</b>	<b>26883</b>															
<b>INSURER C : New Hampshire Insurance Company</b>	<b>23841</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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
<b>A</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input checked="" type="checkbox"/> <b>BI/PD Ded:100000</b> <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b>		<b>14647099</b>	<b>12/31/2014</b>	<b>12/31/2015</b>	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$25,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$2,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	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		\$
EACH OCCURRENCE	\$1,000,000																			
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000																			
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>C</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> <b>ANY AUTO</b> <input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b> <input type="checkbox"/> <b>HIRED AUTOS</b> <input type="checkbox"/> <b>NON-OWNED AUTOS</b> <input checked="" type="checkbox"/> <b>MCS90 Endt</b>		<b>CA0939693 AOS</b>	<b>12/31/2014</b>	<b>12/31/2015</b>	<table border="1"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000																			
BODILY INJURY (Per person)	\$																			
BODILY INJURY (Per accident)	\$																			
PROPERTY DAMAGE (Per accident)	\$																			
	\$																			
<b>B</b>	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input type="checkbox"/> <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>		<b>14649000</b>	<b>12/31/2014</b>	<b>12/31/2015</b>	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$25,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$25,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$25,000,000	AGGREGATE	\$25,000,000		\$								
EACH OCCURRENCE	\$25,000,000																			
AGGREGATE	\$25,000,000																			
	\$																			
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b> <input type="checkbox"/> <b>Y/N</b> <b>N</b> <b>N/A</b> <b>If yes, describe under DESCRIPTION OF OPERATIONS below</b>		<b>WC015684000 FL</b>	<b>12/31/2014</b>	<b>12/31/2015</b>	<table border="1"> <tr> <td><input checked="" type="checkbox"/> <b>WC STATU-TORY LIMITS</b></td> <td><input type="checkbox"/> <b>OTH-ER</b></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> <b>WC STATU-TORY LIMITS</b>	<input type="checkbox"/> <b>OTH-ER</b>	E.L. EACH ACCIDENT	\$1,000,000	E.L. DISEASE - EA EMPLOYEE	\$1,000,000	E.L. DISEASE - POLICY LIMIT	\$1,000,000						
<input checked="" type="checkbox"/> <b>WC STATU-TORY LIMITS</b>	<input type="checkbox"/> <b>OTH-ER</b>																			
E.L. EACH ACCIDENT	\$1,000,000																			
E.L. DISEASE - EA EMPLOYEE	\$1,000,000																			
E.L. DISEASE - POLICY LIMIT	\$1,000,000																			
<b>A</b>	<b>Contractor Pollu</b>		<b>14647099</b>	<b>12/31/2014</b>	<b>12/31/2015</b>	<b>\$1,000,000 Per Occurren</b>														
<b>A</b>	<b>Professional Liab</b>		<b>14647099</b>	<b>12/31/2014</b>	<b>12/31/2015</b>	<b>\$1,000,000 Each Claim</b>														

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  
Waste Management Division - HWRs  
2600 Blair Stone Rd. MS4560  
Tallahassee, FL 32399-2400**

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

*Scott T. Smith*

## 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 - 12/31/2014-12/31/2015 - 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**  
**10100 Rocket Blvd., Orlando, FL 32824 EPA ID: FLD 980559728**