# ACORD® CERTIFICATE OF LIABILITY INSURANCE

RSO---1    OP ID: KW

DATE (MM/DD/YYYY): 06/11/2015

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 | | |
|---|---|---|
| The Jacobs Company, Inc.<br>7164 Columbia Gateway Drive<br>Columbia, MD 21046-1448<br>John L. Voigt, ARM, CIC | Phone: 410-995-6611<br>Fax: 410-381-2105 | CONTACT NAME: Donna Stephens |

PHONE (A/C, No, Ext): 410-910-8363    FAX (A/C, No): 410-381-2105

E-MAIL ADDRESS: dstephens@jacobscompany.com

*RECEIVED ENVIRONMENTAL PROTECTION JUN 1 5 2015 PERMITTING & COMPLIANCE ASSURANCE PROGRAM* (stamp)

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Chesapeake Employers Insurance | 11039 |
| INSURER B : Nautilus Insurance Company | |
| INSURER C : Great Divide Insurance Co. | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

INSURED: RSO, Inc.<br>P.O. Box 1450<br>Laurel, MD 20725-1450

## 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 | |
|---|---|---|---|---|---|---|---|---|
| B | GENERAL LIABILITY<br>X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>X Blanket Addl Insd<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY PRO-JECT LOC | | | ECP200278113<br><br>ONGOING&COMPLETED OPS | 06/11/2015 | 06/11/2016 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 2,000,000<br>$ 100,000<br>$ 5,000<br>$ 2,000,000<br>$ 2,000,000<br>$ 2,000,000<br>$ |
| C | AUTOMOBILE LIABILITY<br>X ANY AUTO<br>ALL OWNED AUTOS   SCHEDULED AUTOS<br>X HIRED AUTOS   X NON-OWNED AUTOS | | | BAP153275413 | 06/11/2015 | 06/11/2016 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $ 1,000,000<br>$<br>$<br>$<br>$ |
| B | UMBRELLA LIAB X OCCUR<br>X EXCESS LIAB CLAIMS-MADE<br>DED X RETENTION $ 0 | | | FFX200545012 | 06/11/2015 | 06/11/2016 | EACH OCCURRENCE<br>AGGREGATE<br>FOLLOWS   FORM | $ 5,000,000<br>$ 5,000,000<br>$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   Y/N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | 2100003RT | 06/27/2015 | 06/27/2016 | X WC STATU-TORY LIMITS   OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |
| B | Professional Liab | | | ECP200278113 | 06/11/2015 | 06/11/2016 | Occ Limit | 2,000,000 |
| B | Pollution Liab | | | ECP200278113 | 06/11/2015 | 06/11/2016 | Agg Limit | 2,000,000 |

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

RE: Insurance Verification

| CERTIFICATE HOLDER | CANCELLATION |
|---|---|
| FLORI-9<br><br>Florida Dept of Environmental Protection, Hazardous Waste Management Section, MS455<br>2600 Blair Stone Road<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br>*Donna H Stephens* (signature) |