

AUG 19 2016

**STATE OF FLORIDA**  
**CERTIFICATE OF LIABILITY INSURANCE**  
**HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER**

1. LEXINGTON INSURANCE COMPANY

(Name of Insurer)

(the "Insurer"), of 99 HIGH STREET, BOSTON, MA 02110

(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

STERICYCLE SPECIALTY WASTE SOLUTIONS INC

(Name of Insured)

(the "Insured"), of 2850 100 COURTH NE, BLAINE, MN 55449

(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

EPA/DEP I.D. No.

Name

Physical Address

MNS000110924

STERICYCLE SPECIALTY WASTE SOLUTIONS INC

2850 100 COURT NE BLAINE, MN 55449

(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 \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number EG 1932356, issued on 06/01/2016 (date).

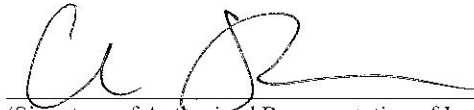
The effective date of said policy is 06/01/2016 and the expiration date of said policy is 06/01/2017 (date).

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 \_\_\_\_\_ (date). The effective date of said policy is \_\_\_\_\_ and the expiration date of said policy is \_\_\_\_\_ (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 or more States including Florida.



(Signature of Authorized Representative of Insurer)

**Cullen Flanigan**

(Typed name)

**Assistant Vice President**

(Title)

Authorized Representative of

**LEXINGTON INSURANCE COMPANY**

(Name of Insurer)

**540 W. Madison Street Chicago IL 60661**

(Address of Representative)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/18/2016

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> MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661 Attn: Chicago.CertRequest@marsh.com	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL:</b> <b>ADDRESS:</b>	<b>FAX (A/C, No):</b>
<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURER A:</b> Lexington Insurance Company		<b>NAIC #</b> 19437
<b>INSURER B:</b> Hartford Fire Insurance Company		19682
<b>INSURER C:</b> Trumbull Insurance Company		27120
<b>INSURER D:</b> Twin City Fire Insurance Company		29459
<b>INSURER E:</b> Allied World National Assurance Company		10690
<b>INSURER F:</b> Allied World Assurance Company		

**COVERAGES** **CERTIFICATE NUMBER:** CHI-006397598-06 **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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		LEG 1932355	06/01/2016	06/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> H RED AUTOS		83 CSE S13402 (AOS) 21 CSE S13403 (PR) 83 CSE S13404 (HI) "PHYSICAL DAMAGE - SELF INSURED"	06/01/2016 06/01/2016 06/01/2016	06/01/2017 06/01/2017 06/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
E	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS		0305-0836	06/01/2016	06/01/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCR PTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	83 WN S13400 (AOS) 83 WBR S13401 (WI)	06/01/2016 06/01/2016	06/01/2017 06/01/2017	<input checked="" type="checkbox"/> PER STATUTE <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
F	Contractors Pollution Liab/E&O		0310-1636	06/01/2016	06/01/2017	Per Incident/Agg 10,000,000
A	Pollution Legal Liability		PLS 13187560	06/01/2014	06/01/2017	Each Occur/Gen Agg 10,000,000

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

Re: Haz Permt

## CERTIFICATE HOLDER

FL Department of Environmental Protection  
Hazardous Waste Management Section  
2600 Blair Stone Road  
Tallahassee, FL 32399

## 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.

AUTHORIZED REPRESENTATIVE  
of Marsh USA Inc.

Manashi Mukherjee

*Manashi Mukherjee*

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# **ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

AGENCY MARSH USA INC.		NAMED INSURED Stericycle Specialty Waste Solutions Inc 28161 N. Keith Drive Lake Forest, IL 60045	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

## **ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

### **Professional Liability**

Policy Number: 01-818-02-12

Carrier: Illinois National Insurance Company

Effective Date: 09/21/2015

Expiration Date: 09/21/2016

SIR: \$250,000, except \$500,000 for event management

Limit: \$5,000,000

### **Named Insured Includes:**

21st Century Environmental Management of Nevada, LLC, a Nevada limited liability company

21st Century Environmental Management, Inc., a Delaware corporation

21st Century Environmental Management, LLC of Rhode Island, a Rhode Island limited liability company

21st Century Environmental Management of California, LP, a California limited partnership

Allworth, LLC, an Alabama limited liability company

Burlington Environmental, LLC, a Washington limited liability company

Chemical Pollution Control of Florida, LLC, a Florida limited liability company

Chemical Pollution Control, LLC of New York, a New York limited liability company

Chemical Reclamation Services, LLC, a Texas limited liability company

General Environmental Management of Rancho Cordova, LLC, a California limited liability company

Luntz Acquisition (Delaware), LLC, a Delaware limited liability company

Northland Environmental, LLC, a Delaware limited liability company

Nortru, LLC, a Michigan limited liability company

Philip Holdings, LLC, a Delaware limited liability company

Philip Reclamation Services, Houston, LLC, a Texas limited liability company

PSC Environmental Management, Inc., a Delaware corporation

PSC Environmental Services of Pomona, LP, a Delaware limited partnership

PSC Environmental Services, LLC, a Delaware limited liability company

PSC Holdings, Inc. Subsidiaries

PSC Holdings, Inc., a Delaware Corporation

PSC Recovery Systems, LLC, a Georgia limited liability company

PSC, LLC, a Delaware limited liability company

Republic Environmental Recycling (New Jersey), Inc., a New Jersey corporation

Republic Environmental Systems (Pennsylvania), LLC, a Pennsylvania limited liability company

Republic Environmental Systems (Transportation Group), LLC, a Pennsylvania limited liability company

Rho-Chem, LLC, a California limited liability company

Solvent Recovery, LLC, a Missouri limited liability company

Stericycle Environmental Solutions, Inc.

Shred-it USA LLC

Shred-it America LLC