

RCRA Permitting Routing Slip

Facility Name: Safety Klean (all facilities)

PATS No.: Medley HO13-216311

TO	NAME	INITIALS	DATE
	KASTURY, Satish		
	Ashwood, Janet		
	Outley, Debra		
	RUSSELL, Merlin	<u>mdr</u>	<u>27 Sept 96</u>
	Bland, Susan		
	Graves, Shelton		
	James, David		
	Kaharoeddin, Ami		
	Madrid, Nicanor		
<input checked="" type="checkbox"/>	Papp-Wells, Joyce - <u>need copy for each facility</u>		
	Smith, Cindy		
	Stein, Camille		
	OUTLAW, Doug	<u>MD</u>	
	Budeir, Maher		
	Griffin, John		
<input checked="" type="checkbox"/>	Ryan, Aine	<u>AMR</u>	<u>9-27-96</u>
	Singh, Harbhajan		
	KOTHUR, Bheem	<u>Bm</u>	<u>10/2/96</u>
	Owutaka, Alex		
	Prusty, Rabin		
	OTHER		

REQUIRED ACTION & COMMENTS:

PROJECT MANAGER: _____

LOGGED IN: [Signature]

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REC
RCRA

September 20, 1996

SEP 25 1996

Via Certified Mail,
Return Receipt Requested

Aine Marie Ryan
Florida Department of Environmental Protection
Bureau Solid & Hazardous Waste
Hazardous Waste Section MS #4560
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

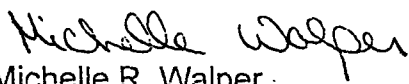
RE: Safety-Kleen Corp.'s Florida Facilities
Hazardous Waste Facility Certificate of Liability Insurance

Dear Ms. Ryan:

Please find enclosed a Hazardous Waste Facility Certificate of Liability Insurance for Safety-Kleen's facilities in Florida. The Effective Date of this Certificate is October 1, 1996.

If you have any questions regarding this Certificate, please do not hesitate to contact me at (847) 468-2228.

Sincerely,


Michelle R. Walper
Manager, Financial Assurance

Attachment

cc: Richard Morris
Della Ridley
Florida Facilities (EHS File #1620)

STATE OF FLORIDA
HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE
(Primary Policy)

1. Reliance Insurance Company, (the "Insurer"),
Name of Insurer
of New York, New York
Address of Insurer

hereby certifies that it has issued liability insurance covering bodily injury and property damage to
Safety-Kleen Corp., (the "Insured"), of

Name of Insured
1000 North Randall Road, Elgin, IL 60123
Address of Insured

in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147, as adopted by reference in Section 62-730.180, Florida Administrative Code (F.A.C.). The coverage applies at

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Address</u>
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(SEE ATTACHED LISTING OF LOCATIONS)

for:

- ☐ sudden accidental occurrences
☐ nonsudden accidental occurrences
☒ sudden and nonsudden accidental occurrences

If coverage is for multiple facilities and the coverage is different for different facilities, indicate which facility(ies) are insured for sudden accidental occurrences, which are insured for nonsudden accidental occurrences, and which are insured for both.

The limits of liability are \$ 4,000,000 each occurrence and \$ 8,000,000 annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number NGA0105085-04, issued on October 1, 1996 the effective date of said policy is October 1, 1996
Date Date

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
- 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. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f), as adopted by reference in Section 62-730.180, F.A.C.
- Whenever requested by the Secretary of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Secretary a signed duplicate original of the policy and all endorsements.

- (d) Cancellation of the insurance, whether by the Insurer or the Insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Secretary of the FDEP.
- (e) 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.

I hereby certify that the wording of this instrument is substantially identical to the wording specified in 40 CFR 264.151(j), as adopted by reference in Section 62-730.180, F.A.C., as such regulation was constituted on the date first above written, and 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.

David M. Brodsky
Signature of Authorized Representative of Insurer

David M. Brodsky
Type name

Assistant Vice President
Title

Authorized Representative of

Reliance Insurance Company
Name of Insurer

77 Water Street, New York, New York 10005
Address of Representative

State of Florida

<u>EPA/DER I.D. NO.</u>	<u>NAME</u>	<u>ADDRESS</u>
FLD 097837983	Safety-Kleen Corp.	505 Plumosa Dr. Altamonte Springs, FL 32701
FLD 984167791	Safety-Kleen Corp.	5610 Alpha Drive Quantum Industrial Park Boynton Beach, FL 33426
FLD 980847214	Safety-Kleen Corp.	161 Industrial Loop South Orange Park, FL 32073
FLD 984171694	Safety-Kleen Corp.	8755 NW 95th St. Medley, FL 33166
FLD 000776716	Safety-Kleen Corp.	19200 Peachland Blvd. Port Charlotte, FL 33949
FLD 982133159	Safety-Kleen Corp.	4426 Entrepot Blvd. Airport Ind. Park Tallahassee, FL 32310
FLD 980847271	Safety-Kleen Corp.	5309 24th Avenue South Tampa, FL 33619
FLD 984171165	Safety-Kleen Corp.	600 Central Park Drive Northstar Business Park Sanford, FL 32771
FLD 049557406	Safety-Kleen Corp.	4701 N. Manhattan Avenue Tampa, FL 33614
FLD 000776757	Safety-Kleen Corp.	1855 S.W. 4th Avenue Bldg. B Bay 30 Delray Beach, FL
FLD 000776773	Safety-Kleen Corp.	3082 W. Tharpe St. (Rear) Tallahassee, FL 32303
FLD 980840086	Safety-Kleen Corp.	7875 NW 54th Street Miami, FL 33166