Florida Department of Environmental For assistance call: 850-245-8707

Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

OCT 15 2019

Permitting & Compliance Assistance Program

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

National Union Fire Insura	ance company of Fillsburgh, FA	
	(Name of Insurer)	
(the "Insurer"), of 175	Water Street, New York, NY 10038	
`	(Address of Insurer)	-
hereby certifies that it environmental restora	has issued liability insurance covition for sudden accidental occurre	ering bodily injury and property damage incluences to
Freehold Cartage, Inc.		
	(Name of Insured)	
(the "Insured"), of 825	i Highway 33 East, Freehold, NJ 07728	
`	(Physical Address of Insured	
in connection with the Administrative Code I	insured's obligation to demonstra Rule 62-710.600(2) and 62-730.17	te financial responsibility under Florida 70. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
NJD054126164	Freehold Cartage, Inc.8	25 Highway 33 E Freehold, NJ 07
(If coverage is for mul	tinle facilities identify each facili	ty incured)
	tiple facilities, identify each facili	
This insurance is <u>prim</u> a	ary and the company shall not be i	liable for amounts in excess of
This insurance is <u>prima</u> \$_1,000,000	ary and the company shall not be for each accident, exclusive of	liable for amounts in excess of legal defense costs. The coverage is provided
This insurance is <u>prim</u> a	ary and the company shall not be for each accident, exclusive of	liable for amounts in excess of
This insurance is <u>prima</u> \$_1,000,000 under policy number_0	ary and the company shall not be left for each accident, exclusive of CA1722331, issued on	liable for amounts in excess of legal defense costs. The coverage is provided 10/01/2019 (date)
This insurance is <u>prima</u> \$_1,000,000 under policy number_ The effective date of sa	ary and the company shall not be left for each accident, exclusive of CA1722331, issued on	liable for amounts in excess of legal defense costs. The coverage is provided 10/01/2019
This insurance is <u>prima</u> \$_1,000,000 under policy number_0 The effective date of sais10/01/2020	ary and the company shall not be in for each accident, exclusive of CA1722331, issued onaid policy is 10/01/2019 (date)	liable for amounts in excess of legal defense costs. The coverage is provided 10/01/2019 (date)
This insurance is <u>prima</u> \$ 1,000,000 under policy number The effective date of sale.	ary and the company shall not be in for each accident, exclusive of CA1722331, issued onaid policy is 10/01/2019 (date)	liable for amounts in excess of legal defense costs. The coverage is provided 10/01/2019 (date)
This insurance is <u>primal</u> \$_1,000,000 under policy number_0 The effective date of sais	ary and the company shall not be a for each accident, exclusive of CA1722331, issued on aid policy is 10/01/2019 (date)	liable for amounts in excess of legal defense costs. The coverage is provided 10/01/2019 (date) and the expiration date of said policy
This insurance is prims \$_1,000,000 under policy number_0 The effective date of si is	ary and the company shall not be a for each accident, exclusive of CA1722331 , issued on aid policy is 10/01/2019 (date) same and the company shall not be list for each accident in excess of the company shall not be list for each accident in the company shall not be l	liable for amounts in excess of legal defense costs. The coverage is provided 10/01/2019 (date) and the expiration date of said policy libility able for amounts in excess of f the underlying limit of
This insurance is prims \$_1,000,000 under policy number The effective date of si is	ary and the company shall not be for each accident, exclusive of CA1722331 , issued on	liable for amounts in excess of legal defense costs. The coverage is provided 10/01/2019 (date) and the expiration date of said policy able for amounts in excess of f the underlying limit of of legal defense costs. The coverage is provided the same costs. The coverage is provided to the same costs.
This insurance is prims \$_1,000,000 under policy number_0 The effective date of si is	ary and the company shall not be for each accident, exclusive of CA1722331 , issued on	liable for amounts in excess of legal defense costs. The coverage is provided 10/01/2019 (date) and the expiration date of said policy able for amounts in excess of f the underlying limit of of legal defense costs. The coverage is provided to the coverage is provided.
This insurance is prims \$_1,000,000 under policy number The effective date of si is	ary and the company shall not be a for each accident, exclusive of CA1722331 , issued on	liable for amounts in excess of legal defense costs. The coverage is provided 10/01/2019 (date) and the expiration date of said policy able for amounts in excess of f the underlying limit of of legal defense costs. The coverage is provided the same costs. The coverage is provided to the same costs.

- 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 of more States including Florida.

Juane Sheenly
(Signature of Authorized Representative of Insurer)
Patrice E. Pellecchia
(Typed name)
Senior Vice President
(Title)
Authorized Representative of
National Union Fire Insurance Company of Pittsburgh, PA
(Name of Insurer)
WTW: 10000 Midlantic Drive, Ste. 200E, Mt Laurel NJ 08054
(Address of Representative)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/24/2019

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(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

15130	of the late of the	such endorsement(s).	
PRODUCER Willis of Pennsylvania, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	Protection OCT 1 0 2019	CONTACT Willis Towers Watson Certificate Center PHONE (A/C, No. Ext): 1-877-945-7378 FAX (A/C, No.): 1-888- E-MAIL ADDRESS: Certificates@willis.com	467-2378
INSURED	Permitting & Compliance Assistance Program	INSURER(S) AFFORDING COVERAGE INSURER A: National Union Fire Insurance Company of P	NAIC# 19445
Freehold Cartage, Inc. d/b/a FCI, PO Box 5010	FCI Transport, Inc., FCI Leasing LLC	INSURERB: Endurance American Specialty Insurance Com	41718
Fraehold, NJ 07728		INSURERC: New Hampshire Insurance Company	23841
		INSURERD: Hallmark Specialty Insurance Company INSURER E: American Guarantee and Liability Insurance	26808
00155		INSURERF: Travelers Property Casualty Insurance Comp	26247 36161
COVERAGES	CERTIFICATE NUMBER: W13029229	BEUGGAL AGAINST COMP	20101

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)								
	X COMMERCIAL GENERAL LIABILITY	1110	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY	LIM	ITS					
	CLAIMS-MADE X OCCUR	GL1930031	Į.			EACH OCCUPRENCE	\$ 1,0	00,00				
A	- Cocon					PREMISES (Ea pogurrence)	\$ 1	00,00				
			GL1930031 10/01/2019 1	10/01/00-0		MED EXP (Any one person)	ls :	10,00				
	GEN'L AGGREGATE LIMIT APPLIES PER:			10/01/2019	10/01/2020	PERSONAL & ADV INJURY	\$ 1,00	00,00				
- 1	POLICY PRO X LOC				GENERAL AGGREGATE	\$ 2,00	00,00					
	OTHER:				PRODUCTS - COMP/OP AGG	\$ 2,00	00,000					
	AUTOMOBILE LIABILITY						\$					
1	X ANY AUTO					COMBINED SINGLE LIMIT	\$ 1,00	00,000				
A	OWNED SCHEDULED	P C C C C C C C C C C C C C C C C C C C	CA1722331			BODILY INJURY (Per person)	\$					
1	X HIRED X NON-OWNED			10/01/2019	10/01/2020	BODILY INJURY (Per accident)	\$					
t	AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$					
	UMBRELLA LIAB X OCCUP					Manager Manage	\$					
В	X EXCESS LIAB CLAIMS-MADE		EXT30000467302		10/01/2020	EACH OCCURRENCE	\$ 2,00	0,000				
	DED X RETENTIONS 10,000			10/01/2019		AGGREGATE	\$ 2,00	0,000				
1	WORKERS COMPENSATION					- The Salaman and Allindra	\$	THE PERSON NAMED IN				
c /	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N					X PER OTH-						
10	(Mandatory in NH)	HEXCILIDED? INO. INO.	10/01/2019	10/01/2020	E.L. EACH ACCIDENT	\$ 1,000	0,000					
- 10	If yes, describe under DESCRIPTION OF OPERATIONS below								,, 2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000	0,000
o Is	Second Excess Liability					E.L. DISEASE - POLICY LIMIT	\$ 1,000	0,000				
	(\$2M xs \$3M)		77HX184E31	10/01/2019	10/01/2020	Each Occurrence	\$2,000,000					
					1	Aggregate	\$2,000,000					

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

Auto Coverage includes MCS 90 and Pollution Form CA 9948.

Excess Liability is following form to MCS 90 and Pollution Form CA 9948.

Excess Liability is following form to Primary General Liability, Auto Liability, and Employers' Liability.

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.		
Florida DEP, Hazardous Waste Management SEC MS 4555, PO Box 3070 Tallahassee, FL 32315-3070	AUTHORIZED REPRESENTATIVE Actions Measure		

© 1988-2016 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

	7,000			
AGENCY Willis of Pennsylvania, Inc.		NAMED INSURED Freehold Cartage, Inc. d/b/a FCI, FCI Transport, Inc., FCI Leasin LLC PO Box 5010		
POLICY NUMBER		Freehold, NJ 07728		
See Page 1		Eragnosci, va		
CARRIER	NAIC CODE			
See Page 1	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

INSURER AFFORDING COVERAGE: American Guarantee and Liability Insurance Company

NAIC#: 26247

TYPE OF INSURANCE:

LIMIT DESCRIPTION:

LIMIT AMOUNT:

Third Excess Liability

Each Occurrence

\$5,000,000

Aggregate

\$5,000,000

INSURER AFFORDING COVERAGE: Travelers Property Casualty Insurance Company POLICY NUMBER: QT660965X7075TIL19 EFF DATE: 10/01/2019 EXP DATE: 10/01/2020

NAIC#: 36161

TYPE OF INSURANCE:

LIMIT DESCRIPTION:

LIMIT AMOUNT:

Motor Truck Cargo

Per Vehicle

\$500,000

INSURER AFFORDING COVERAGE: National Union Fire Insurance Company of Pittsburgh

NAIC#: 19445

TYPE OF INSURANCE:

LIMIT DESCRIPTION:

LIMIT AMOUNT:

Hired Auto Physical Damage ACV Comp & Coll Ded

\$5,000

INSURER AFFORDING COVERAGE: National Union Fire Insurance Company of Pittsburgh

NAIC#: 19445

TYPE OF INSURANCE:

LIMIT DESCRIPTION:

LIMIT AMOUNT:

Trailer Interchange Physical Damage Limit Per Trailer

\$50,000

Per Trailer Ded.

\$1,000

ACORD 101 (2008/01)

© 2008 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

SR ID: 18556225

BATCH: 1380483

CERT: W13029229

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 Florida Department of Environmental Protection

OCT 15 2019

STATE OF FLORIDA Permitting & Compliance CERTIFICATE OF LIABILITY INSURANCE Assistance Program HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

Endurance American Spe	ecialty Insurance Company	
	(Name of Insurer)	
(the "Insurer"), of 122	1 Avenue of the Americas, New Y	fork, NY 10020
	(Address of Insurer)	
hereby certifies that it environmental restora	has issued liability insurance tion for sudden accidental o	ce covering bodily injury and property damage includ
Freehold Cartage, Inc.		
	(Name of Insured)	
(the "Insured"), of 825	5 Highway 33 East, Freehold, NJ	07728
	(Physical Address of I	
in connection with the Administrative Code	e insured's obligation to dem Rule 62-710.600(2) and 62-	onstrate financial responsibility under Florida 730.170. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
NJD054126164	Freehold Cartage.	Inc.825 Highway 33 E Freehold, NJ 077
(If coverage is for mul	ltiple facilities, identify each	facility insured.)
		not be liable for amounts in excess of ive of legal defense costs. The coverage is provided on(date)
The effective date of s	aid policy is(date	and the expiration date of said policy
is(date	<u>.</u>	
(dan	~,	
		t be liable for amounts in excess of
\$_2,000,000 \$_1,000,000		cess of the underlying limit of
under policy number E		
		usive of legal defense costs. The coverage is provide ued on 10/01/2019 The effective date of the coverage is provided in the coverage in the coverage is provided in the coverage in the coverage is provided in the coverage in the coverage in the coverage is provided in the coverage in the cov
	XT30000467302 , iss	ued on 10/01/2019 . The effective date (date)
said policy is 10/01/20 (date)	XT30000467302 , iss	ued on 10/01/2019 . The effective date

2600 Blair Stone Road, Mail Stat 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 of more States including Florida.

mueen & decerois
(Signature of Authorized Representative of Insurer)
Patrice E. Pellecchia
(Typed name)
Senior Vice President
(Title)
Authorized Representative of
Endurance American Specialty Insurance Company
(Name of Insurer)
WTW: 10000 Midlantic Drive, Ste. 200E, Mt Laurel NJ 08054
(Address of Representative)

Mail original completed form to:

1.

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-245-8707

Florida Department of Environmental

Protection

OCT 15 2019

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

Hallmark Specialty Insuran	ce Company	
	(Name of Insurer)	
(the "Insurer"), of 777 M	fain Street, Suite 1000, Fort Worth, TX 7	6102
	(Address of Insurer)	·
hereby certifies that it henvironmental restorati	nas issued liability insurance cover on for sudden accidental occurren	ing bodily injury and property damage includi
Freehold Cartage, Inc.		
	(Name of Insured)	
(the "Insured") of 825 i	Highway 33 East, Freehold, NJ 07728	
(1110 1110 1110), 01	(Physical Address of Insured)	
in connection with the i Administrative Code Ru	insured's obligation to demonstrate ule 62-710.600(2) and 62-730.170	financial responsibility under Florida The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
NJD054126164	Freehold Cartage Inc 85	25 Highway 33 E Freehold, NJ 0772
(If coverage is for multi	ple facilities, identify each facility	insured.)
\$	ry and the company shall not be lia_for each accident, exclusive of le, issued on	able for amounts in excess of gal defense costs. The coverage is provided (date)
The effective date of sai		
	d policy is	and the expiration date of said policy
	d policy is(date)	and the expiration date of said policy
S(date)	(date)	and the expiration date of said policy
(date)	(date)	and the expiration date of said policy
(date) This insurance is excess	(date)	le for amounts in excess of
(date) This insurance is <u>excess</u> \$2,000,000	(date) and the company shall not be liab	le for amounts in excess of the underlying limit of
(date) This insurance is excess	and the company shall not be liab for each accident in excess of for each accident, exclusive of	le for amounts in excess of the underlying limit of legal defense costs. The coverage is provided
(date) This insurance is <u>excess</u> \$2,000,000 \$3,000,000	and the company shall not be liab for each accident in excess of for each accident, exclusive of	le for amounts in excess of the underlying limit of legal defense costs. The coverage is provided
(date) This insurance is excess 2,000,000 3,000,000	and the company shall not be liab for each accident in excess of for each accident, exclusive of HX184E31, issued on	le for amounts in excess of the underlying limit of legal defense costs. The coverage is provided 10/01/2019 The effective date of

- 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 of more States including Florida.

Breen 5 Julie
(Signature of Authorized Representative of Insurer)
Patrice E. Pellecchia
(Typed name)
Senior Vice President
(Title)
Authorized Representative of
Hallmark Specialty Insurance Company
(Name of Insurer)
WTW: 10000 Midlantic Drive, Ste. 200E, Mt Laurel NJ 08054
(Address of Representative)