

Mail original completed form to: Department of Environmental Protection  
2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

RECEIVED  
Florida Department of Environmental Protection

OCT 15 2019

Permitting & Compliance  
Assistance Program

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

1. National Union Fire Insurance Company of Pittsburgh, PA  
(Name of Insurer)

(the "Insurer"), of 175 Water Street, New York, NY 10038  
(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

Freehold Cartage, Inc.

(Name of Insured)

(the "Insured"), of 825 Highway 33 East, Freehold, NJ 07728  
(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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
<u>NJD054126164</u>	<u>Freehold Cartage, Inc.</u>	<u>825 Highway 33 E Freehold, NJ 07728</u>

(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 CA1722331, issued on 10/01/2019.  
(date)

The effective date of said policy is 10/01/2019 and the expiration date of said policy  
is 10/01/2020.  
(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 \_\_\_\_\_. The effective date of  
(date)  
said policy is \_\_\_\_\_ and the expiration date of said policy is \_\_\_\_\_.  
(date) (date)

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.



(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

Page 1 of 2

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(ies) 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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
Willis of Pennsylvania, Inc.  
c/o 26 Century Blvd  
P.O. Box 305191  
Nashville, TN 372305191 USA

OCT 10 2019

Protection  
Permitting & Compliance  
Assistance Program

INSURED  
Freehold Cartage, Inc. d/b/a FCI, FCI Transport, Inc., FCI Leasing LLC  
PO Box 5010  
Freehold, NJ 07728

CONTACT NAME: Willis Towers Watson Certificate Center  
PHONE (A/C No. Ext): 1-877-945-7378 FAX (A/C No): 1-888-467-2378  
E-MAIL ADDRESS: certificates@willis.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: National Union Fire Insurance Company of P	19445
INSURER B: Endurance American Specialty Insurance Com	41718
INSURER C: New Hampshire Insurance Company	23841
INSURER D: Hallmark Specialty Insurance Company	26808
INSURER E: American Guarantee and Liability Insurance	26247
INSURER F: Travelers Property Casualty Insurance Comp	36161

## COVERAGES

CERTIFICATE NUMBER: W13029229

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:					
A	AUTOMOBILE LIABILITY					
	<input checked="" type="checkbox"/> ANY AUTO					
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				
	If yes, describe under DESCRIPTION OF OPERATIONS below	No				
		N/A				
D	Second Excess Liability (\$2M xs \$3M)					

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.

SEE ATTACHED

## CERTIFICATE HOLDER

Florida DEP, Hazardous Waste Management  
SEC MS 4555, PO Box 3070  
Tallahassee, FL 32315-3070

## 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



# **ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

<b>AGENCY</b> Willis of Pennsylvania, Inc.		<b>NAMED INSURED</b> Freehold Cartage, Inc. d/b/a FCI, FCI Transport, Inc., FCI Leasing LLC	
<b>POLICY NUMBER</b> See Page 1		PO Box 5010 Freehold, NJ 07728	
<b>CARRIER</b> See Page 1	<b>NAIC CODE</b> See Page 1	<b>EFFECTIVE DATE:</b> 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  
**POLICY NUMBER:** AEC5860483-15 **EFF DATE:** 10/01/2019 **EXP DATE:** 10/01/2020

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  
**POLICY NUMBER:** CA1722331 **EFF DATE:** 10/01/2019 **EXP DATE:** 10/01/2020

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  
**POLICY NUMBER:** CA1722331 **EFF DATE:** 10/01/2019 **EXP DATE:** 10/01/2020

NAIC#: 19445

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Trailer Interchange Physical Damage	Limit Per Trailer	\$50,000
	Per Trailer Ded.	\$1,000

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2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707  
Florida Department of Environmental  
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OCT 15 2019

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

Permitting & Compliance  
Assistance Program

1. Endurance American Specialty Insurance Company

(Name of Insurer)

(the "Insurer"), of 1221 Avenue of the Americas, New York, NY 10020

(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

Freehold Cartage, Inc.

(Name of Insured)

(the "Insured"), of 825 Highway 33 East, Freehold, NJ 07728

(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

NJD054126164      Freehold Cartage, Inc. 825 Highway 33 E Freehold, NJ 07728

(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  
\$ \_\_\_\_\_ 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  
(date)  
is \_\_\_\_\_.  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of  
\$ 2,000,000 for each accident in excess of the underlying limit of  
\$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number EXT30000467302, issued on 10/01/2019. The effective date of  
(date)  
said policy is 10/01/2019 and the expiration date of said policy is 10/01/2020.  
(date) (date)

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.



(Signature of Authorized Representative of Insurer)

Patrice E. Pellicchia

(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)



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

Permitting & Compliance  
Assistance Program

1. Hallmark Specialty Insurance Company

(Name of Insurer)

(the "Insurer"), of 777 Main Street, Suite 1000, Fort Worth, TX 76102

(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

Freehold Cartage, Inc.

(Name of Insured)

(the "Insured"), of 825 Highway 33 East, Freehold, NJ 07728

(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

NJD054126164 Freehold Cartage, Inc. 825 Highway 33 E Freehold, NJ 07728

(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  
\$ \_\_\_\_\_ 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)

This insurance is excess and the company shall not be liable for amounts in excess of  
\$ 2,000,000 for each accident in excess of the underlying limit of  
\$ 3,000,000 for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number 77HX184E31, issued on 10/01/2019. The effective date of  
(date)  
said policy is 10/01/2019 and the expiration date of said policy is 10/01/2020  
(date) (date)

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.

  
(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)