

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

**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 \_\_\_\_\_  
(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 520 Beechcraft Street, Bartow, FL 33830  
(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>
NJD054126164	Freehold Cartage, Inc.	825 Highway 33 E, Freehold, NJ 07741

(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 \$1000000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number CA4805365, issued on 10/01/2020.  
(date)

The effective date of said policy is 10/01/2020 and the expiration date of said policy is 10/01/2021.  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$1000000 for each accident in excess of the underlying limit of \$1000000 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 10/01/2021.  
(date)

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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.

**Pellecchia, Patrice**  
Digitally signed by Pellecchia, Patrice  
DN: CN="Pellecchia, Patrice"  
Reason: I am the author of this document  
Location: your signing location here  
Date: 2021.02.23 07:57:35  
Foxit PhantomPDF Version: 9.7.2

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(Signature of Authorized Representative of Insurer)

Patrice E. Pellecchia

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(Typed name)

Senior Associate - Client Service & Delivery

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(Title)

Authorized Representative of

National Union Fire Insurance Company of Pittsburgh PA

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(Name of Insurer)

10000 Midlantic Dr, Ste 200E, Mt Laurel NJ 08054

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(Address of Representative)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/25/2020
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**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).**

<b>PRODUCER</b> Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C, No, Ext):</b> 1-877-945-7378 <b>FAX (A/C, No):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com														
<b>INSURED</b> Freehold Cartage, Inc. d/b/a FCI, FCI Transport, Inc., FCI Leasing LLC PO Box 5010 Freehold, NJ 07728	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: National Union Fire Insurance Company of P</td> <td style="text-align: center;">19445</td> </tr> <tr> <td>INSURER B: Endurance American Specialty Insurance Com</td> <td style="text-align: center;">41718</td> </tr> <tr> <td>INSURER C: AIU Insurance Company</td> <td style="text-align: center;">19399</td> </tr> <tr> <td>INSURER D: Hallmark Specialty Insurance Company</td> <td style="text-align: center;">26808</td> </tr> <tr> <td>INSURER E: Travelers Property Casualty Insurance Comp</td> <td style="text-align: center;">36161</td> </tr> <tr> <td>INSURER F: Illinois Union Insurance Company</td> <td style="text-align: center;">27960</td> </tr> </table>	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: AIU Insurance Company	19399	INSURER D: Hallmark Specialty Insurance Company	26808	INSURER E: Travelers Property Casualty Insurance Comp	36161	INSURER F: Illinois Union Insurance Company	27960
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**COVERAGES**                      **CERTIFICATE NUMBER: W18030946**                      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			GL3372541	10/01/2020	10/01/2021	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 10,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER:								\$
A	<b>AUTOMOBILE LIABILITY</b>			CA4805365	10/01/2020	10/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			EXT30000467303	10/01/2020	10/01/2021	EACH OCCURRENCE	\$ 2,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 2,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$	
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WC013755626	10/01/2020	10/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
D	Second Excess Liability (\$2M xs \$3M)			77HX205923	10/01/2020	10/01/2021	Each Occurrence	\$2,000,000	
							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.

SEE ATTACHED

## CERTIFICATE HOLDER

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

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Freehold Cartage, Inc. d/b/a FCI, FCI Transport, Inc., FCI Leasing LLC	
POLICY NUMBER See Page 1		PO Box 5010 Freehold, NJ 07728	
CARRIER See Page 1	NAIC CODE 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: Travelers Property Casualty Insurance Company NAIC#: 36161  
 POLICY NUMBER: QT660965X7075TIL20 EFF DATE: 10/01/2020 EXP DATE: 10/01/2021

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Motor Truck Cargo	\$500,000 per Vehicle Incl Reefer Breakdown	

INSURER AFFORDING COVERAGE: Illinois Union Insurance Company NAIC#: 27960  
 POLICY NUMBER: PPL G2816855A 002 EFF DATE: 10/01/2019 EXP DATE: 10/01/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Environmental Poll Liab.	Per Incident	\$2,000,000
	Aggregate	\$2,000,000
	SIR	\$25,000

INSURER AFFORDING COVERAGE: National Union Fire Insurance Company of Pittsburgh NAIC#: 19445  
 POLICY NUMBER: CA4805365 EFF DATE: 10/01/2020 EXP DATE: 10/01/2021

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  
 POLICY NUMBER: CA4805365 EFF DATE: 10/01/2020 EXP DATE: 10/01/2021

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Trailer Interchange	Limit	\$50,000