For assistance call: 850-245-8707

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

National Union Fire Insurance	ce Company of Pittsburgh PA	
	(Name of Insurer)	
(the "Insurer"), of Or	ne Liberty Place, 1625 Market Street, Suit	3700, Philadelphia, PA 19103
, , , _	(Address of Insurer)	
	it has issued liability insurance covration for sudden accidental occurre	ering bodily injury and property damage including
Freehold Cartage, Inc.		
	(Name of Insured)	
(the "Insured"), of 5	20 Beechcraft Street, Bartow, FL 33830	
, , , ,	(Physical Address of Insured)
	he insured's obligation to demonstrate Rule 62-710.600(2) and 62-730.1	te financial responsibility under Florida 70. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
FI D984187831	Freehold Cartage, Inc.	520 Beechcraft St, Bartow FL 338
(If coverage is for m	nultiple facilities, identify each facil	ity insured.)
This insurance is pri \$1000000 under policy numbe	imary and the company shall not be for each accident, exclusive or CA4805365, issued on 10	Flegal defense costs. The coverage is provided
The effective date of	f said policy is 10/01/2020	and the expiration date of said policy
	(date)	and the expiration date of said poney
is 10/01/2021		
(-	late)	
This insurance is ex	ate)	
	cess and the company shall not be I	
\$ 1000000 \$ 1000000	cess and the company shall not be l for each accident in excess	of the underlying limit of
\$ 1000000	cess and the company shall not be I for each accident in excess for each accident, exclusive	of the underlying limit of of legal defense costs. The coverage is provide
\$_1000000 \$_1000000 under policy numbe	cess and the company shall not be l for each accident in excess for each accident, exclusive r, issued or	of the underlying limit of of legal defense costs. The coverage is provide n The effective date of (date)
\$ 1000000 \$ 1000000	cess and the company shall not be l for each accident in excess for each accident, exclusive , issued o	of the underlying limit of of legal defense costs. The coverage is pro The effective defense.

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 of more States including Florida.

Pellecchia, Patrice Opt. On-Pellecchia Patrice Opt. Opt. Opt. Opt. Opt. Opt. Opt. Opt.				
(Signature of Authorized Representative of Insurer)				
Patrice E. Pellecchia				
(Typed name)				
Senior Associate - Client Service & Delivery				
(Title)				
Authorized Representative of				
National Union Fire Insurance Company of Pittsburgh PA				
(Name of Insurer)				
10000 Midlantic Dr, Ste 200E, Mt Laurel NJ 08054				
(Address of Representative)				



CERTIFICATE OF LIABILITY INSURANCE

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

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	_	CONTACT Willis Towers Watson Certificate Center			
Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191		PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888		467-2378	
		E-MAIL ADDRESS: certificates@willis.com			
Nashville, TN 372305191 USA		INSURER(S) AFFORDING COVERAGE		NAIC#	
		INSURER A: National Union Fire Insurance	Company of P	19445	
INSURED	RCT Manager Tax RCT taxaia 110	INSURER B: Endurance American Specialty 1	nsurance Com	41718	
PO Box 5010	, FCI Transport, Inc., FCI Leasing LLC	INSURER C: AIU Insurance Company		19399	
Freehold, NJ 07728		INSURER D: Hallmark Specialty Insurance Company		26808	
		INSURERE: Travelers Property Casualty In	surance Comp	36161	
		INSURERF: Illinois Union Insurance Compa	iny	27960	
001/551050	0=D=1010.050.000.000.000.000.000.000.000.000				

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 SLICH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

NSR LTR	TYPE OF INSURANCE	ADDL SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
A				MED EXP (Any one person)	\$ 10,000		
			GL3372541	10/01/2020	10/01/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	}				GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO			BODILY INJURY (Per person)	\$		
A	A OWNED SCHEDULED AUTOS ONLY AUTOS		CA4805365	10/01/2020	10/01/2021	BODILY INJURY (Per accident)	\$
×	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 2,000,000
_	X EXCESS LIAB CLAIMS-MADE		EXT30000467303	10/01/2020	10/01/2021	AGGREGATE	\$ 2,000,000
	DED X RETENTION \$ 10,000						\$
	WORKERS COMPENSATION					X PER OTH-	
С	ANYPROPRIETOR/PARTNER/EXECUTIVE	NER/EXECUTIVE TO THE TOTAL TO THE TOTAL TO	10/01/0000		E.L. EACH ACCIDENT	\$ 1,000,000	
(Mandatory in NH)		"'^^	WC013755626 10/01/2020	10/01/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Second Excess Liability		77HX205923	10/01/2020	10/01/2021	Each Occurrence	\$2,000,000
	(\$2M xs \$3M)					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	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	AUTHORIZED REPRESENTATIVE
SEC MS 4555, PO Box 3070	healthe measure
Tallahassee, FL 32315-3070	Maritimes in control

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AGENCY CUSTOMER ID:	



ADDITIONAL REMARKS SCHEDULE

NAMED INSURED

Page 2 of 2

Willis Towers Watson Northeast, I	nc.	LLC		
POLICY NUMBER		PO Box 5010		
See Page 1		Freehold, NJ 07728		
CARRIER	NAIC COD	<u> </u>		
See Page 1	See Pag	e 1 EFFECTIVE DATE: See Page 1		
ADDITIONAL REMARKS	l .			
	4 00UED!!! E TO 400DD FOR			
THIS ADDITIONAL REMARKS FORM IS		•		
FORM NUMBER: 25 FORM TI	TLE: Certificate of Liabil:	ty Insurance		
INSURER AFFORDING COVERAGE: Tra	= = =		NAIC#: 36161	
POLICY NUMBER: QT660965X7075TIL	20 EFF DATE: 10/01/20	20 EXP DATE: 10/01/2021	i	
TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:		
Motor Truck Cargo	\$500,000 per Vehicle			
	Incl Reefer Breakdown			
INSURER AFFORDING COVERAGE: 111		• •	NAIC#: 27960	
POLICY NUMBER: PPL G2816855A 00	2 EFF DATE: 10/01/203	.9 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: Nat	ional Union Fire Insuran	re Company of Pittsburgh	NAIC#: 19445	
l		E COMPANY OF FICEBOARDS	NATOW. 19445	
	,,	,,		
TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:		
Hired Auto Physical Damage	ACV Comp & Coll Ded	\$5,000		
INSURER AFFORDING COVERAGE: Nat	ional Union Fire Insuran	ce Company of Pittsburgh	NAIC#: 19445	
		KP DATE: 10/01/2021	· · · · · ·	
TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:		
Trailer Interchange	Limit	\$50,000		

SR ID: 20125126

BATCH: 1827766

CERT: W18030946