



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/29/2021

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 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).

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| PRODUCER Scott Insurance 400 Bellemeade Street, Suite 201 Greensboro NC 27401 | CONTACT NAME: Amy Summers PHONE (A/C, No, Ext): 336-510-0075 E-MAIL: asummers@scottins.com FAX (A/C, No): 434-455-8965 ADDRESS: asummers@scottins.com |
| INSURED Shamrock Environmental Corporation; COP Shamrock Holdings, Inc. COP Shamrock Parent, Inc.; Shamrock Environmental Construction, Inc. Named Insureds Con't. Below 6106 Corporate Park Drive | INSURER(S) AFFORDING COVERAGE INSURER A: Zurich American Insurance Company (A+) NAIC # 16535 INSURER B: Evanston Insurance Company (A) 35378 INSURER C: Navigators Specialty Insurance Company (A+) 36056 INSURER D: INSURER E: INSURER F: |

COVERAGES

CERTIFICATE NUMBER: 1058587088

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> X.C.U. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | GLO 3433314 | 10/1/2021 | 10/1/2022 | EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$ |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Comp \$500 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Coll \$1,000 | Y | | BAP 3433313 | 10/1/2021 | 10/1/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Endorsement \$ MCS-90 |
| B C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | Y | | MKL2EFX100771 GA21EXC202LYIC | 10/1/2021 10/1/2021 | 10/1/2022 10/1/2022 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Excess over Umbrella \$ 3,000,000 |
| A | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N/A | WC 3433312 | 10/1/2021 | 10/1/2022 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| B A | Contractor Pollution/Professional Installation Floater | | | MKL2ENV102430 CPP015825804 | 10/1/2021 10/1/2021 | 10/1/2022 10/1/2022 | 10,000,000 per occur 1,000,000 10,000,000 per agg |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Named Insureds Cont'd.

Virginia American Industries, LLC
Aqua Clean Environmental of Virginia, LLC dba Reco Biotechnology
Richmond Administrative, LLC
Reco Biodiesel, LLC
Hospital Street Holdings, LLC
Aqua Clean Environmental Company, LLC
See Attached...

RECEIVED
Florida Department of Environmental Protection
OCT 06 2021
Hazardous Waste Management & Permitting

CERTIFICATE HOLDER**CANCELLATION**

State of Florida Dept. of Environmental Protection
2600 Blair Stone Road
Tallahassee FL 32399-2400

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 1 of 1

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|---------------------------|-----------|---|
| AGENCY Scott Insurance | | NAMED INSURED Shamrock Environmental Corporation; COP Shamrock Holdings, Inc. COP Shamrock Parent, Inc.; Shamrock Environmental Construction, Inc. Named Insureds Con't. Below 6106 Corporate Park Drive |
| POLICY NUMBER | | |
| CARRIER | NAIC CODE | EFFECTIVE DATE: |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Florida Recycling Solutions, LLC

Certificate Holder is additional insured as respects General Liability, Auto and Excess Liability as required by a written contract.