



# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)  
09/22/2021

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 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"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: National Union Fire Insurance Company of P</td> <td>19445</td> </tr> <tr> <td>INSURER B: Endurance American Specialty Insurance Com</td> <td>41718</td> </tr> <tr> <td>INSURER C: AIU Insurance Company</td> <td>19399</td> </tr> <tr> <td>INSURER D: Hallmark Specialty Insurance Company</td> <td>26808</td> </tr> <tr> <td>INSURER E: Berkley National Insurance Company</td> <td>38911</td> </tr> <tr> <td>INSURER F: Illinois Union Insurance Company</td> <td>27960</td> </tr> </tbody> </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: Berkley National Insurance Company	38911	INSURER F: Illinois Union Insurance Company	27960
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: Berkley National Insurance Company	38911																
INSURER F: Illinois Union Insurance Company	27960																

## COVERAGES

CERTIFICATE NUMBER: W22212780

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		3372541	10/01/2021	10/01/2022	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 checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000	
	OTHER:					\$	
A	<b>AUTOMOBILE LIABILITY</b>		4805365	10/01/2021	10/01/2022	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	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR		EXT30000467304	10/01/2021	10/01/2022	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	10/01/2021	10/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input checked="" type="checkbox"/> No				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	<b>Second Excess Liability</b> (\$2M xs \$3M)		77HX215BF6	10/01/2021	10/01/2022	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.

Excess is follow form of primary placements: 1st Excess \$2M xs of Primary \$1M; 2nd Excess \$2M xs of \$3M.

SEE ATTACHED

## CERTIFICATE HOLDER

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

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

## 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

*Heather M. Hersh*



# **ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

<b>AGENCY</b> Willis Towers Watson Northeast, 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:** Berkley National Insurance Company

**NAIC#:** 38911

**POLICY NUMBER:** MIM1046156 **EFF DATE:** 10/01/2021 **EXP DATE:** 10/01/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Motor Truck Cargo	Per Vehicle	\$500,000
	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:** 4805365 **EFF DATE:** 10/01/2021 **EXP DATE:** 10/01/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Hired Auto Physical Damage	Hired Physical Damage	ACV less \$5,000ded

**INSURER AFFORDING COVERAGE:** National Union Fire Insurance Company of Pittsburgh

**NAIC#:** 19445

**POLICY NUMBER:** 4805365 **EFF DATE:** 10/01/2021 **EXP DATE:** 10/01/2022

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