



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

March 25, 2010

Allen Paquette
A R Paquette & Company
1400 E International Spwy Blvd
Deland, FL 32724

Re: Florida Hazardous Waste Transporter Approval

Dear Allen Paquette:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections 62-730.170 and 62-730.171, Florida Administrative Code(FAC), a copy of which is enclosed for your reference. Please note the following.

1. You must demonstrate proof of liability coverage on an annual basis, even if your insurance policy is issued on a multi-year basis. If no changes in status or insurance coverage have occurred, you can meet this requirement by submitting a certificate of liability coverage form along with the two copies of the Hazardous Waste Transporter Status Form, copies of which are available upon request from the Department of Environmental Protection.
2. A copy of your insurance policy, together with any endorsements, must be maintained at your principal place of business.
3. Your insurer can not terminate your coverage until 30 days after filing written notice with DEP, by Certified mail, that your policy has expired or has been canceled.
4. Any changes to the information specified on your approval certificate will render it null and void. It is your responsibility to advise DEP of any changes in liability coverage or status.
5. A copy of Hazardous Waste Transporter Status Form, complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.

Allen Paquette
March 25, 2010
Page Two

If you intend to operate a hazardous waste transfer facility, please refer to Form 8700-12FL, page 2, item 7(e) for a list of all the required documents that must be submitted.

If you are currently operating an authorized transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and, unless otherwise approved by the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171, 7(6), F.A.C. Also, please review the attached letter of March 11, 2009 addressed to all hazardous waste transporters who have notified of existing transfer facilities, subject: Required Submittal of Supplemental Information.

If you have any questions, please contact me at 850/245-8755.

Sincerely,

A handwritten signature in cursive script that reads "Aprilia Graves".

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Section

AG

Enclosures: Hazardous Waste Transporter Approval Certificate
Hazardous Waste Transporter Status Form (with insurance verification)
Sections [62-730.170](#) and [62-730.171](#), FAC



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HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: A R Paquette & Company

FACILITY ID NO: FLD982105884

FACILITY ADDRESS: 1400 E International Speedway Blvd
Deland, FL 32724-2608

INSURANCE CARRIER: NEW HAMPSHIRE INSURANCE

INSURANCE POLICY#: TP9880221

EFFECTIVE DATE: March 09, 2010

EXPIRATION DATE: March 09, 2011

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: *Aprilia Graves* DATE: March 25, 2010
Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Section
850/245-8755

	Initials _____
	Date _____

Are your services commercially available? yes

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

I. Transporter Identification:
 Transporter Name: A.R. PAQUETTE & Co, INC
 Transporter EPA ID: FLD 982 105 884
 Location Address: 1400 E. INTERNATIONAL SPEEDWAY BLD
DELAND FL 32724
 Contact: ALLEN R. PAQUETTE Telephone: 386-736-1978
 Mailing Address: 1400 E. INTERNATIONAL SPEEDWAY BLD
DELAND FL 32724

II. Insurance Information:
 Insurance Company: NEW HAMPSHIRE INSURANCE CO.
 Address: 70 PINE STREET NEW YORK, NY 10270
 Contact: BRAD FREEMAN Telephone: 678-320-1111
 Policy Number: TP9880221
 Expiration date: 3/9/11

III. Waste Information:
 EPA Waste Codes for Waste Routinely or Usually Transported:
D001 thru D017 F001 thru F008 K086 P059 P070, u011, u084, 412
 Comments: HAZARDOUS MATERIALS/WASTE SUBSTANCES DEFINED
IN 49CFR 171.8, 172, 101, FLUORESCENT LAMPS AND OIL

IV. Certification:
 I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

<u>Jessica M. Ogle</u>	<u>CONTROLLER</u>
Print/Type Name	Title
<u>Jessica M. Ogle</u>	<u>2-19-10</u>
Signature	Date Signed

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through 3/9/11 Date

APPROVED by Tiffany A. Noland, changes approved by the Certifier by phone 3/25/2010

Signature of Florida Department of Environmental Protection Representative _____ Date Signed _____



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division—HWR5, MS4560
 2600 Blair Stone Rd. Tallahassee, FL 32399-2400
 (850) 245-8772

Date Received: _____
 (for FDEP Official Use Only)

MAR 06 2010

EPA ID: F L D 9 8 2 1 0 5 8 8 4

MTS RCR:Info

1. Reason for Submittal Mark 'X' in correct box:

To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).

To provide **subsequent notification** (to update status and facility identification information).

Is this the **final notification** (see instructions) for the facility?

2. Facility or Business Name A.R. PAQUETTE & CO., INC

FEID No. 59-3029046

3. Facility Operator (List additional Operators in the comments section).

Name of Operator: A.R. PAQUETTE & CO., INC

New Operator
Date became Operator: ___/___/___
 mm dd yy

Street or P.O. Box: 1400 E. INTERNATIONAL SPEEDWAY BLVD

Phone Number: 386-736-9421

City or Town: DELAND **State:** FL **Zip Code:** 32724

Operator Type: Private Federal Municipal State Other _____

4. Facility Physical Location Information

Physical Street Address: SAME AS #3

City or Town: _____ **State:** _____ **Zip Code:** _____

County: Volusia

If available, please attach a map or sketch of the facility boundaries.

Latitude: 29 05 66.38 **Longitude:** 81 27 71.38 **Method:** _____
 dd mm ss.ssss dd mm ss.ssss Datum:

5. Facility North American Industry Classification System (NAICS) Code(s)

A. 484230

B. _____

C. _____

D. _____

6. Facility or Business Mailing Address

Street Address or P.O. Box: SAME AS #3

City or Town: _____ **State:** _____ **Zip Code:** _____

7. Facility or Business Contact Person

First Name: ALLEN **Last Name:** PAQUETTE **Title:** PRESIDENT

Phone Number: 386-736-9421 **Extension:** _____ **E-Mail:** ARPAQUETTEJP@CFL.RR.COM

Street or P.O. Box: 1400 E. INTERNATIONAL SPEEDWAY BLVD

City or Town: DELAND **State:** FL **Zip Code:** 32724

8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property (Land) Owner: ALLEN R. PAQUETTE

New Owner
Date became Owner: ___/___/___
 mm dd yy

Street or P.O. Box: 1400 E. INTERNATIONAL SPEEDWAY BLVD

Phone Number: 386-736-1978

City or Town: DELAND **State:** FL **Zip Code:** 32724

Owner Type: Private Federal Municipal State Other _____

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- d. United States Importer of hazardous waste
- e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.

(2) Treater, Storer, or Disposer of Hazardous Waste

(at your facility) Note: A hazardous waste permit may be required for this activity.

- a. Operating Commercial TSD
- b. Operating Non-commercial TSD
- c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) Recycler of Hazardous Waste (at your facility)Specify: Commercial; Non-Commercial.

A permit is required for storage prior to recycling.

(4) Exempt Boiler and/or Industrial Furnace

- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption

(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.**(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(7) Transporter of Hazardous Waste [Note: A Certificate of Liability Insurance is required along with this registration.]**Registration must be renewed annually. a. For own waste only b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**

Insurance Company NEW HAMPSHIRE INSURANCE CO.

Address 70 PINE STREET
NEW YORK, NY 10270

Contact BRAD FREEMAN Telephone 678-320-1111

Policy Number TP9880221 Expiration date 03-09-2011

d. **Transportation Mode** Air Rail Highway Water Other - specify _____e. **Hazardous Waste Transfer Facility:** Storage Volume _____ **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- Notification of changes in above items**
- Annual update notification**

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
 - Small Quantity Handler (SQH) = always less than 5,000 kg accumulated

 - Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
 - Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler

 - Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
 - Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
 - Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
 - Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	220#
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4400#

(3) Mercury Recovery and/or Reclamation Facility Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
 [Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW Pharmaceuticals Lamps Devices

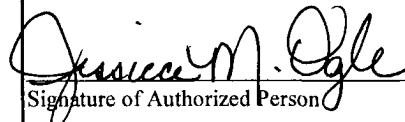
(5) Destination Facility for UW Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:

- (1) Used Oil Transporter - indicate type(s) of activity(ies):**
- a. Transporter
 - b. Transfer Facility
- (2) Collection Center**
- (3) Used Oil Processor (A permit is required for this activity.)**
- (4) Off-Specification Used Oil Burner**
- (5) Used Oil Fuel Marketer**
- (6) Used Oil Filter**
- a. Transporter
 - b. Transfer Facility
 - c. Processor
 - d. End User

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.



Signature of Authorized Person

Jessica Ogle, Controller

Print Name of Authorized Person

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

A check is enclosed.

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- our mailing (business) address
- The site (facility) address

EPA ID No.

FLD982105884

D. Other State Regulated Waste Activities: **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

¹ D001	² D002	³ D003	⁴ D004	⁵ D005	⁶ D006	⁷ D007
⁸ D008	⁹ D009	¹⁰ D010	¹¹ D011	¹² D012	¹³ D013	¹⁴ D014
¹⁵ D015	¹⁶ D016	¹⁷ D017	¹⁸ F001	¹⁹ F002	²⁰ F003	²¹ F004
²² F005	²³ F006	²⁴ F007	²⁵ F008	²⁶ K086	²⁷ P059	²⁸ P070

11. Other Status Changes (Mark 'X' in all that apply):

u011

u084

4129

A. Non-Handler of Regulated Waste at This Facility

- (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- (2) Waste generated by business has been delisted.
- (3) Other (explain) _____

B. Facility Closed

- (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

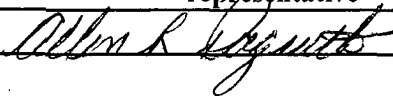
Contact _____ Phone _____

Address _____

City, State, Zip _____

 C. Property Tax Default **D. Petition for Bankruptcy Protection**

12. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
	ALLEN R PAQUETTE, PRESIDENT	02/19/2010

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

THIS IS FOR OUR HAZARDOUS WASTE RENEWAL
 USED OIL RENEWAL
 MERCURY LAMP TRANSPORTER RENEWAL

**STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER LIABILITY
ENDORSEMENT**

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Location</u>
FLD982105884	A.R. PAQUETTE + CO, INC	1400 E. INT'L. SPDRY BLVD DELAND FL 32724

(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 the legal defense costs.

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.

2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d):

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.

(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 this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (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.

Attached to and forming part of policy No. TP9880221 issued by
NEW HAMPSHIRE INSURANCE CO., herein called the Insurer, of

[Name of Insurer]
70 PINE STREET NEW YORK, NY 10270 to

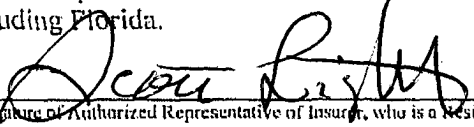
[Address of Insurer]
A.R. PAQUETTE & CO., INC. of

[Name of Insured]
1400 E. INT'L SPEEDWAY, DELAND, FL 32724

[Address of Insured]

this 4TH day of MARCH, 2010. The effective date of said
(Day) (Month) (Year)
policy is 9TH day of MARCH, 2010.
(Day) (Month) (Year)

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 or more states including Florida.



[Signature of Authorized Representative of Insurer, who is a Resident Agent of Florida]

SCOTT LIGHT

[Type Name]

INSURANCE AGENT

[Title]

Authorized Representative of

NEW HAMPSHIRE INSURANCE CO.

[Name of Insurer]

70 PINE STREET NEW YORK, NY 10270

[Address of Representative]

HUB INT'L TRANSPORTATION INS. SERVICES, INC.

PO Box 1000 • Colchester, VT 05446-5000
Phone (802) 654-4500 • Fax (802) 654-4514

**CERTIFICATE OF
INSURANCE**

INSURED	Phone	386-736-1978
A R PAQUETTE & COMPANY, INC. 1400 E.INTERNATIONAL SPEEDWAY DELAND FL 32724		
Fed ID #	59-3029046	MC # 223893

ISSUE DATE: 3-5-2010
PRODUCER: Scott Light
ISSUED BY: Karen Crosby

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COVERAGES

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 CONTACT 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	COMPANY/POLICY # - EFFECTIVE & EXPIRATION DATES	LIMITS
AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-owned Autos <input type="checkbox"/> Garage Liability <input checked="" type="checkbox"/> Other <small>Owned Commercial Autos</small>	NEW HAMPSHIRE INSURANCE CO. POLICY NUMBER: TP9880221 POLICY PERIOD FROM: 3-9-2010 TO: 3-9-2011	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Owner's & Contractors Prot. <input type="checkbox"/>	NEW HAMPSHIRE INS. CO. POLICY NUMBER: TGL5868043 POLICY PERIOD FROM: 3-9-2010 TO: 3-9-2011	GENERAL AGGREGATE \$1,000,000 PRODUCTS-COMP/OP AGG. 1,000,000 PERSONAL & ADV. INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED. EXPENSE (Any one person) \$5,000
EXCESS LIABILITY <input type="checkbox"/> Umbrella <input type="checkbox"/> Other Than Umbrella	POLICY NUMBER: POLICY PERIOD FROM: TO:	EACH OCCURRENCE AGGREGATE
MOTOR TRUCK CARGO	HARTFORD POLICY NUMBER: 04MSKJ7406 POLICY PERIOD FROM: 2-12-2010 TO: 2-12-2011	PER VEHICLE \$100,000 DEDUCTIBLE \$1,000 PER DISASTER REEFER DEDUCTIBLE \$2,500
WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	POLICY NUMBER: POLICY PERIOD FROM: TO:	STATUTORY LIMITS EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE
PHYSICAL DAMAGE	NEW HAMPSHIRE INS COMPANY POLICY NUMBER: TP9880221 POLICY PERIOD FROM: 3-9-2010 TO: 3-9-2011	\$2,500 Comp/Coll Deductibles

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Fax Number:

FLORIDA DEP. OF ENVIRONMENTAL PROTECTION,
HAZARDOUS WASTE MGMT SECTION, MS 4555
BOB MARTINEZ CENTER 2600 BLAIR STONE RD
TALLAHASSEE, FL 32399-2400

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

