



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

06/15/2010

Tracy DePaola, SE Region Mgr
Aerc Com Inc
4317-J Fortune Pl
W Melbourne, FL 32904-1509

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you must use the following identification number for all manifests or reports for Aerc Com Inc located at **4317 Fortune Pl Ste J, West Melbourne.**

FLD984262782

Your facility notified FDEP requesting the following status/activities:

**Treater/Storer, HW Transporter, HW Transfer Facility, Large Quantity Generator
Commercial HW Recycler
, Universal Pharmaceutical Transporter
Large Quantity Handler of and Destination for Universal Batteries, Universal Battery
Transporter, Universal Lamps, Universal Lamp Transporter, Universal Devices,
Universal Device Transporter, Universal Pharmaceuticals**

THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR USED OIL OR UNIVERSAL WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OR A UNIVERSAL WASTE OR USED OIL PROCESSING FACILITY OR LARGE QUANTITY HANDLER. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE OR USED OIL TRANSPORTERS, UNIVERSAL WASTE HANDLERS, USED OIL PROCESSING FACILITIES, AND TSDS.

You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status or contact information. For further assistance, please call the Notification Coordinator at (850)245-8760 or (850)245-8772 or (850)245-8706.

Sincerely,

for Michael Redig

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

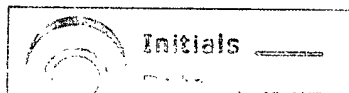
ME ID: 43329 , Email Address: tdepaola@aercrecycling.com
Link: http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984262782



May 26, 2010

PRIORITY MAIL
03092880000166700929

Ms. Tiffany Noland
Florida Department of Environmental Protection
2600 Blair Stone Road MS4550
Tallahassee, Florida 32399-2400



RE: Submission of Application for Renewal of Hazardous Waste Transporter Certificate
AERC.com, Inc., 2591 Mitchell Ave, Allentown, PA 18103 | EPA ID# PAD 987 367 216
AERC.com, Inc., 4317-J Fortune Place, West Melbourne, FL 32904 | EPA ID# FLD 984 262 782

Dear Ms. Noland,

In response to your email of May 13, 2010, I am providing you this submittal on behalf of AERC.com, Inc. for the application to renew the Florida Hazardous Waste Transporter Certificates for AERC operations located in Allentown, PA and West Melbourne, FL.

Enclosed please find the following documents:

- Florida Hazardous Waste Transporter Status Forms (both PA and FL facilities),
- 8700-12FL Forms (both PA and FL facilities), and
- ACORD Certificate of Liability Insurance.

As noted on the FL facility 8700-12FL form, the AERC West Melbourne location operates as a Hazardous Waste Transporter Transfer Facility. The additional information required for this submittal will be provided to Mr. Tripp unders separate cover.

Should you have any questions or comments regarding this transmittal please contact me at (610) 797-7608. Your assistance in processing our renewal application is greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeffrey W. Smith'.

Jeffrey W. Smith, PE
Director of Regulatory Affairs

Enclosure

cc: T. DePaola, AERC FL Facility Manager

Celebrating 20 Years of Environmental Service

"We are committed to a green world by helping clients in proper end-of-life management of assets containing sensitive data and components hazardous to our environment."

2591 Mitchell Ave. Allentown, PA 18103 ~ PH: 610.797.7608 ~ FX: 610.797.7696
www.aercrecycling.com

Are your services commercially available? No

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: AERC.com, Inc.
Transporter EPA ID: FLD 984 262 782
Location Address: 4317-J Fortune Place
West Melbourne, FL 32904-1509

Contact: Jeffery W. Smith, PE Telephone: 610-797-7608 Ext. 149
Mailing Address: 2591 Mitchell Ave
Allentown, PA 18103

II. Insurance Information:

Insurance Company Greenwich Insurance Company
Address 520 Eagleview Boulevard, P.O. Box 636
Exton, PA 19341-0636
Contact: Matthew Gartner Telephone: 800-327-1414
Policy Number: PEC001869504
Expiration date: 6/1/2010

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D002, D003, D006, D008, D009, D011, U151, D001

Comments: _____

IV. Certification:

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

Jeffery W. Smith, PE

Director of Regulatory
Affairs & Compliance

Print/Type Name

Title

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 _____.

Date

Signature of Florida Department of Environmental Protection Representative Date Signed



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

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

Date Received
(for FDEP Official Use Only)

Received

JUN 01 2010

EPA ID **FLD984262782**

MTS

BSHW

1. Reason for Submittal	Mark 'X' in correct box:	<input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
		<input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information).
		<input type="checkbox"/> Is this the final notification (see instructions) for the facility?

2. Facility or Business Name	AERC.com, Inc.	FEID No.	233064816
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3. Facility Operator (List additional Operators in the comments section).	Name of Operator:	AERC.com, Inc., dba AERC Recycling Solutions	<input type="checkbox"/> New Operator
	Date became Operator:	11 / / 1993	mm dd yy
	Street or P.O. Box:	2591 Mitchell Ave	Phone Number: 610-797-7608
	City or Town:	Allentown	State: PA Zip Code: 18103
Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

4. Facility Physical Location Information	Physical Street Address:	4317 Fortune Place Suite J		
	City or Town:	West Melbourne	State: FL	Zip Code: 32904-1509
	County: Brevard	If available, please attach a map or sketch of the facility boundaries.		
	Latitude: 28 05 39. Longitude: 80 41 47. Method:	Datum:		
		d d m m s s . ssss	d d m m s s . ssss	

5. Facility North American Industry Classification System (NAICS) Code(s)	A.	562211	B.	
	C.		D.	

6. Facility or Business Mailing Address	Street Address or P.O. Box:	4317 Fortune Place Suite J		
	City or Town:	West Melbourne	State: FL	Zip Code: 32904-1509

7. Facility or Business Contact Person	First Name:	Tracy	Last Name:	DePaola	Title:	SE Region Mgr
	Phone Number:	321-952-1516	Extension:		E-Mail:	tdepaola@aercrecycling.com
	Street or P.O. Box:	4317 Fortune Place Suite J				
	City or Town:	West Melbourne	State: FL	Zip Code: 32904-1509		

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:	Fortune Cookie Park, Inc.	<input type="checkbox"/> New Owner
	Date became Owner:	/ /	mm dd yy
	Street or P.O. Box:	4310 Woodland Park Drive	Phone Number:
	City or Town:	West Melbourne	State: FL
Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> 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 Greenwich Insurance CompanyAddress 520 Eagleview Boulevard, P.O. Box 636Exton, PA 19431-0636Contact Matthew Gartner Telephone 800-327-1414Policy Number PEC001896504 Expiration date 6/1/2010d. **Transportation Mode** Air Rail Highway Water Other - specify _____e. **Hazardous Waste Transfer Facility:** Storage Volume 89 Drum Equivalents **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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1,088 Drums (Total all materials)
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1,088 Drums (Total all materials)
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1,088 Drums (Total all materials)

(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

Not Applicable

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

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 D002	2 D003	3 D006	4 D008	5 D009	6 D011	7 U151
8 D001	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

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

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) _____

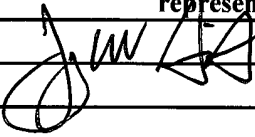
B. Facility Closed

- (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)
	Mark Kasper VP of Operations	5/26/10

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:
Jeffery W. Smith 610-797-7608 jsmith@aerc recycling.com
(Name of person completing this form) (Phone Number) (E-mail Address)

13. Comments:



CERTIFICATE OF LIABILITY INSURANCE

OP ID EC
AERC6-1DATE (MM/DD/YYYY)
05/26/10

PRODUCER Gerrity, Baker, Williams Inc. 3 Gold Mine Road Flanders NJ 07836 Phone: 973-426-1500 Fax: 973-426-9545		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.	
INSURED AERC.com, Inc t/a AERC Recycling Solutions Advance Electronics Technology Co. LLC, t/a Com Cycle 3 Gold Mine Road Flanders NJ 07836		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Greenwich Insurance Company	22322
		INSURER B: XL Specialty Ins. Co.	
		INSURER C:	
		INSURER D:	
		INSURER E:	

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

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
LTR	INSRD						
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CG 0001 12/07 <input checked="" type="checkbox"/> CG 2026 07/04 AI GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GEC001869405	06/01/10	06/01/11	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000000 \$ 100000
						MED EXP (Any one person)	\$ 5000
						PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 2000000
						PRODUCTS - COMP/OP AGG	\$ 2000000
B		AUTOMOBILE LIABILITY <input checked="" 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 checked="" type="checkbox"/> MCS-90 <input checked="" type="checkbox"/> CA-9948 (AUTO POLLUTION LIABILITY)	AE001869205	06/01/10	06/01/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC AUTO ONLY:	\$
						AGG	\$
A		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10000	UEC001869305	06/01/10	06/01/11	EACH OCCURRENCE	\$ 500000
						AGGREGATE	\$ 500000
							\$
							\$
							\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N <input checked="" type="checkbox"/> N If yes, describe under SPECIAL PROVISIONS below	WEC00200940904	02/16/10	02/16/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$ 1000000
						E.L. DISEASE - EA EMPLOYEE	\$ 1000000
						E.L. DISEASE - POLICY LIMIT	\$ 1000000
A		Pollution Legal on/offsite of ins.	PEC001869505 CLAIMS MADE	06/01/10	06/01/11	Per Claim	500000
						Aggregate	1100000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Universal Waste Recycling

CERTIFICATE HOLDER

DEPTHWF

Department of Environmental Protection - Hazardous Waste Mgmt. Section - MS 4555
2600 Blair Stone Road
Tallahassee FL 32399-2400

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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
Elizabeth P. Lisk

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.