



# 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

April 29, 2010

Brenda Hassler  
Safety - Kleen Systems Inc  
3003 W Breezewood Lane  
Neenah, WI 54957- 0368

## BE IT KNOWN THAT

Safety - Kleen Systems Inc  
3023 Dial Street  
Whistler, AL 36612

## IS HEREBY REGISTERED AS A USED OIL

Transporter, Filter Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)  
The Department of Environmental Protection hereby issues  
Registration Number **ALD071951628** on April 29, 2010  
Insurance Carrier: **GREENWICH INSURANCE**

**This registration will expire on 06/30/2011**

This certificate documents receipt of your annual registration and annual report. It shall be displayed in a prominent place at your facility. This certificate and your cancelled check are your receipts.

**Aprilia Graves**  
**Engineering Specialist IV**  
**Hazardous Waste Regulation Permitting**



**J. J. Keller**  
& Associates, Inc.

3003 W. Breezewood Lane, P.O. Box 368  
Neenah, Wisconsin 54957-0368  
(920) 722-2848  
www.jjkeller.com

*"Publishing & Services Since 1953"*

January 19, 2010

Laurie Tenace MS4555  
Dept of Environmental Protection  
2600 Blair Stone Road  
Tallahassee FL 32399-2400

**SUBJECT: Safety-Kleen Systems Inc Universal Lamp and Device Transporter renewal.**

Enclosed are the 2010 Hazardous Universal Lamp renewal application and checklist for each of the Safety-Kleen Systems locations.

Please process the renewals and email Brenda Hassler at J.J. Keller the new permits. Her email address is [Bhassler@jjkeller.com](mailto:Bhassler@jjkeller.com).

If you have any questions, please call me at 800-558-5011 ext 2397.

Sincerely,

**Brenda Schaffer**  
Client Service Representative





**J. J. Keller**  
 & Associates, Inc.  
 Since 1953

Mailing Address:  
 P.O. Box 368  
 Neenah, WI 54957-0368  
 Remittance Address:  
 P.O. Box 672  
 Neenah, WI 54957-0672  
 www.jjkeller.com

**POWER OF ATTORNEY  
 LICENSES, PERMITS, TAXES, REPORTS**

State of Texas  
 County of Collin

**KNOW ALL MEN BY THESE PRESENTS** that Safety-Kleen Systems Inc

, an Corporation (Individual, Partnership or Corporation) having an office at 5360 Legacy Drive Building 2 Suite #100 Plano TX 75024, acting through the undersigned does hereby designate and appoint **J. J. KELLER & ASSOCIATES, INC.**, a Corporation with offices at 3003 W. Breezewood Lane, Neenah, WI as Attorney-In-Fact for the said Safety-Kleen Systems Inc

for the following limited and special purposes:

To obtain, complete, execute, renew, and deliver applications for fuel, highway use tax, reciprocity, mileage, over dimensional and similar permits, licenses, titles, and apportioned licenses of the states of the United States and provinces of Canada in which motor vehicles for the carriage of goods or passengers are operated or intended to be operated by Safety-Kleen Systems Inc and

To obtain, complete, execute, renew, and deliver applications for private, exempt, or intrastate authority with the various state commissions and/or file authority as granted by the Federal Highway Administration with the various state commissions in which motor vehicles for the carriage of goods or passengers are operated or intended to be operated by Safety-Kleen Systems Inc and

To prepare, execute, and deliver fuel tax, mileage tax, ton-mile tax, and apportioned reports required to be filed with the states of the United States and provinces of Canada, and provide audit representation for those taxes and reports.

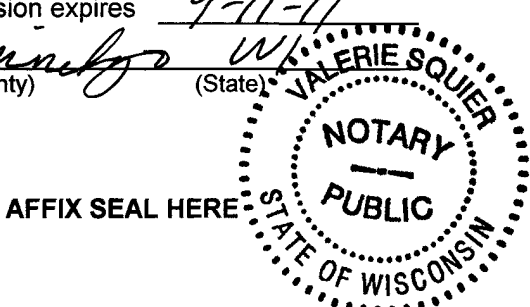
This **POWER OF ATTORNEY** is restricted and limited to the matters specifically set forth herein for the term beginning July 28, 2008

**IN WITNESS WHEREOF** Safety-Kleen Systems Inc

has caused these presents to be executed by a duly authorized officer or owner hereto this \_\_\_\_\_ day of Sept 23, 2008

Sworn to and subscribed before me this 23 day of 9-08  
 My commission expires 9-11-11  
Winnicko (County) WI (State)

[Signature]  
 (Company Authorized Signature)  
 Virgil W Duffie III/Assistant Secretary  
 (Printed Company Authorized Name and Title)  
[Signature]  
 (Notary Public Signature)





**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

EPA ID 

A	L	D	0	7	1	9	5	1	6	2	8
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**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** SAFETY-KLEEN SYSTEMS INC **FEID No.**

3	9	6	0	9	0	0	1	9
---	---	---	---	---	---	---	---	---

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

**Name of Operator:** SAFETY-KLEEN SYSTEMS INC  **New Operator**

**Date became Operator:** 1 / 12 / 90  
mm dd yy

**Street or P.O. Box:** 3023 DIAL STREET **Phone Number:** 251-456-3042

**City or Town:** WHISTLER **State:** AL **Zip Code:** 36612

**Operator Type:**  Private  Federal  Municipal  State  Other

**4. Facility Physical Location Information**

**Physical Street Address:** 3023 DIAL STREET

**City or Town:** WHISTLER **State:** FL **Zip Code:** 36612

**County:** Choose \_\_\_ If available, please attach a map or sketch of the facility boundaries.

**Latitude:** [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] **Longitude:** [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] **Method:** \_\_\_\_\_

d d m m s s . ssss d d m m s s . ssss Datum:

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

A. 562112	B.
C.	D.

**6. Facility or Business Mailing Address**

**Street Address or P.O. Box:** 3003 BREEZEWOOD LANE PO BOX 368

**City or Town:** NEENAH **State:** WI **Zip Code:** 54957-0368

**7. Facility or Business Contact Person**

**First Name:** BRENDA **Last Name:** HASSLER **Title:** AUTH AGENT

**Phone Number:** 800-558-5011 **Extension:** 7351 **E-Mail:** Bhassler@iikeller.com

**Street or P.O. Box:** 3003 W BREEZEWOOD LANE

**City or Town:** NEENAH **State:** WI **Zip Code:** 54957

**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:** SAFETY-KLEEN SYSTEMS INC  **New Owner**

**Date became Owner:** 1 / 12 / 90  
mm dd yy

**Street or P.O. Box:** 5360 LEGACY DRIVE BLDG 2 SUITE 100 **Phone Number:** 800-669-5840

**City or Town:** PLANO **State:** TX **Zip Code:** 75024

**Owner Type:**  Private  Federal  Municipal  State  Other

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

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

**(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

**(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 \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration date \_\_\_\_\_

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Pesticides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

(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.

*Brenda Hassler / JS Keller*  
 Signature of Authorized Person

Brenda Hassler / JS Keller / Auth Agent  
 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	D001	2	D004	3	D005	4	D006	5	D007	6	D008	7	D009
8	D010	9	D011	10	D018	11	D019	12	D021	13	D022	14	D023
15	D024	16	D025	17	D026	18	D027	19	D028	20	D029	21	D030
22	D032	23	D033	24	D034	25	D035	26	D036	27	D037	28	D038

**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)
<i>Brenda Schaffer JJ Keller Auth Agent</i>	BRENDA Schaffer JJ Keller	

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

BREND A SCHAFFER/ JJ KELLER/ AUTH AGENT  
(Name of person completing this form)800-558-5011 EXT 2397  
(Phone Number)bschaffer@jjkeller.com  
(E-mail Address)**13. Comments:**

#10 (CON'T) D039, D040, D041, D042, D043, F002, F003, F005



Department of Environmental Protection

FDPEP MS 4550 2500 Blair Stone Road Tallahassee, Florida 32309-2400

DEP Form 62-710.600(2)(d)
From Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date 1/25/09

Certificate of Liability Insurance
Used Oil Transporters

Please Print of Type Form

1. Greenwich Insurance Company (the Insurer), Seaview House, 70 Seaview Ave., Stamford, CT 06902
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Safety-Kleen Systems (the Insured).
(Name of the Insured)

see attached whose EPA Identification number is
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida
Administrative Code Rule 62-710.600(2)(d). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000 less the deductible or
retention of \$500,000 for each accident exclusive of legal defense costs. If a deductible or retention is applied,
its amount may not exceed 10% of the equity of the insured.

This coverage is provided under policy number PEC002102003 Issued on 9/1/09
(Date)

The expiration date of said policy is 9/1/10 or the annual renewal date is 9/1/10
(Date) (Date)

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 this 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 (EDEP), 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 or by any other termination of the insurance (e.g.
expiration or 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 FOEP 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 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 or more States, including Florida.

Christopher Biddle
(Signature of Insurer or Authorized Representative)

Authorized Representative of

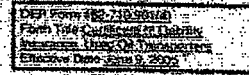
Christopher Biddle
(Type Name)

Greenwich Insurance Company
(Name of Insurer)

Vice President
(Title)

505 Eagleview Blvd., Exton, PA 19341
(Address of Representative)





**Chapter 62710600(2)(e), Florida Administrative Code  
Certification Program for Used Oil Transporters**

(e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times and be exclusive of legal defense costs.

1. The insurance required in this paragraph may be established by:

a. Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with the deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 62-710.901(4). The insurance policy shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. An ACORI form will only be accepted for renewal of a policy with the same carrier; or

b. For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer of the business entity.

2. States and the federal government are exempt from the requirements of this paragraph.

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4555, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32359-2400, Phone (850) 245-8754, email: [sebrina.peck@dep.state.fl.us](mailto:sebrina.peck@dep.state.fl.us), OR Phone (850) 245-8755, email: [Richard.neves@dep.state.fl.us](mailto:Richard.neves@dep.state.fl.us)

<b>Fleet</b>	<b>Address</b>	<b>CITY</b>	<b>State</b>	<b>EPA #</b>
1 / 310840	3023 DIAL STREET	WHISTLER	AL	ALD071951628
1 / 310930	161 INDUSTRIAL LOOP SOUTH	ORANGE PARK	FL	FLD980847214
1 / 310940	4426 ENTREPOT BLVD	TALLAHASSEE	FL	FLD982133159
1 / 310950	5610 ALPHA DRIVE	BOYNTON BEACH	FL	FLD984167791
1 / 310960	8755 NW 95TH STREET	MEDLEY	FL	FLD984171694
1 / 310970	600 CENTRAL PARK DRIVE	SANFORD	FL	FLD984171165
1 / 310980	5309 24TH AVENUE SOUTH	TAMPA	FL	FLD980847271
1 / 311768	1400 NW 13TH AVE. SUITE B	POMPANO BEACH	FL	FLD984247882
1 / 311772	2930 63RD AVE. EAST	BRADENTON	FL	FLR000120618
1 / 330377	244 PR ANDERS LANE	WHIGHAM	GA	GAR000022517
1 / 330381	359 CYPRESS RD.	OCALA	FL	FLR000060301



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/09/2009

**PRODUCER**  
 Marsh USA Inc.  
 550 South Main Street, Suite 600  
 Greenville, SC 29601  
 Attn: Greenville.certrequest@marsh.com /212-948-4388 Fax

**THIS CERTIFICATION 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.**

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: American International Specialty Lines Ins Co	26883
INSURER B: Greenwich Insurance Company	22322
INSURER C:	
INSURER D:	
INSURER E:	

**INSURED**  
 SAFETY-KLEEN SYSTEMS, INC. AND ITS  
 SUBSIDIARIES AND AFFILIATED COMPANIES  
 5360 LEGACY DRIVE  
 BUILDING 2, SUITE 100  
 PLANO, TX 75024

## COVERAGES

1

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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES(Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A		OTHER Contractors Ops & Prof Services	COPS1959257	09/01/2009	09/01/2010	Each Loss	5,000,000
						Aggregate	10,000,000
B		Pollution Legal Liability SIR \$1,000,000	PEC002102003	09/01/2009	09/01/2010	Each Loss	10,000,000
						Aggregate	10,000,000

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

## CERTIFICATE HOLDER

ATL-002052727-01

## CANCELLATION

FL DEPARTMENT OF ENVIRONMENTAL  
 PROTECTION  
 HAZARDOUS WASTE MANAGEMENT SECTION-MS4555  
 2600 BLAIR STONE ROAD  
 TALLAHASSEE, FL 32399-2400

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER 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  
 of Marsh USA Inc.

## **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.*

<b>ADDITIONAL INFORMATION</b>		ATL-002052727-01	DATE (MM/DD/YY) 09/09/2009
<b>PRODUCER</b> Marsh USA Inc. 550 South Main Street, Suite 600 Greenville, SC 29601 Attn: Greenville.certrequest@marsh.com /212-948-4388 Fax			
	<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER F:		
	INSURER G:		
	INSURER H:		
<b>INSURED</b> SAFETY-KLEEN SYSTEMS, INC. AND ITS SUBSIDIARIES AND AFFILIATED COMPANIES 5360 LEGACY DRIVE BUILDING 2, SUITE 100 PLANO, TX 75024	INSURER I:		

**TEXT**

**CERTIFICATE HOLDER**

FL DEPARTMENT OF ENVIRONMENTAL PROTECTION HAZARDOUS WASTE MANAGEMENT SECTION-MS4555 2600 BLAIR STONE ROAD TALLAHASSEE, FL 32399-2400	
	<small>AUTHORIZED REPRESENTATIVE  of Marsh USA Inc.</small> 