



XL Group
Insurance
Reinsurance

505 Eagleview Boulevard
Suite 100
PO Box 636
Exton, PA 19341-0636
USA
Phone 800 327 1414
Fax +1 610 458 8667
www.xlinsurance.com

June 19, 2014

State of Florida
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399

RE: AERC.Com
Policies: AEC0018692 and UEC0018693
EPA ID# FLD984262782

Dear Sir or Madame,

Enclosed please find the *State of Florida Hazardous Waste Transporter Certificate of Insurance Liability* for the above named insured policies

If you should have any questions; I can be reached at the number listed below.

Thank you for your cooperation,

Tamika Mickey
Technical Specialist
XL Insurance/PAC

1 (800) 327-1414 ext. 9397
tamika.mickey@xlgroup.com

Cc: file
Enclosure(s)

Mail original completed form to: Department of Environmental Protection
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707



**STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER**

1. Greenwich Insurance Company
(Name of Insurer)

(the "Insurer"), of 505 Eagleview Blvd., Exton PA 19341
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

AERC.COM, Inc.
(Name of Insured)

(the "Insured"), of 111 Howard Boulevard, Suite 108, Mount Arlington, NJ 07856
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLD984262782	AERC Recycling Solutions	4317-J Fortune Place, West Melbourne, FL 32904

(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 legal defense costs. The coverage is provided under policy number AEC0018692, issued on 06/01/2014.
(date)

The effective date of said policy is 06/01/2014 and the expiration date of said policy is 06/01/2015.
(date) (date)

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. The coverage is provided under policy number _____, issued on _____. The effective date of said policy is _____ and the expiration date of said policy is _____.
(date) (date)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

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 the 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 (FDEP), 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 and any other termination of the insurance (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.

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 of more States including Florida.



(Signature of Authorized Representative of Insurer)

Kathleen McGinn

(Typed name)

Sr. Vice President

(Title)

Authorized Representative of

Greenwich Insurance Company

(Name of Insurer)

505 Eagleview Blvd., Exton, PA 19341

(Address of Representative)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400



**STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER**

1. XL Specialty Insurance Company
(Name of Insurer)

(the "Insurer"), of 505 Eagleview Blvd., Exton PA 19341
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

AERC.COM, Inc.
(Name of Insured)

(the "Insured"), of 111 Howard Boulevard, Suite 108, Mount Arlington, NJ 07856
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLD984262782	AERC Recycling Solutions	4317-J Fortune Place, West Melbourne, FL 32904

(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 \$ for each accident, exclusive of legal defense costs. The coverage is provided under policy number , issued on .
(date)

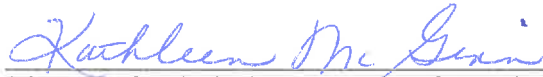
The effective date of said policy is and the expiration date of said policy is .
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ 4,000,000 for each accident in excess of the underlying limit of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number UEC0018693, issued on 06/01/2014. The effective date of said policy is 06/01/2014 and the expiration date of said policy is 06/01/2015.
(date) (date)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

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 the 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 (FDEP), 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 and any other termination of the insurance (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.

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 of more States including Florida.



(Signature of Authorized Representative of Insurer)

Kathleen McGinn

(Typed name)

Sr. Vice President

(Title)

Authorized Representative of

XL Specialty Insurance Company

(Name of Insurer)

505 Eagleview Blvd., Exton, PA 19341

(Address of Representative)