

**8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY**

DEP Waste Management Division-IIWRS, MS4560

2600 Blair Stone Rd. Tallahassee, FL 32399-2400

(850) 245-8707

Date Received
(for FDEP Official Use Only)DIVISION OF WASTE MANAGEMENT
'24 APR 26 AM 10:29:02

EPA ID:

T X R 0 0 0 0 8 1 2 0 5

Please use the instructions document to complete this form
* mandatory fields**1. Reason for Submittal:** (all submitters must complete pages 1 and 2 and sign page 7. Pages 3 through 6 - complete as applicable)Mark 'X' in
the correct box*:

- ☐ To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities).
- ☒ To provide updated information for an EPA ID number (to update status and facility identification information).
- ☐ To provide the final information for an EPA ID number (closing). (see instructions—must complete pages 1, 2, 3, 7)
- ☐ To obtain new or updating an EPA ID number for conducting Electronic Manifest Broker activities.
- ☐ Submitting new or revised notification for Part A for permitted facilities.

FL Registration(s)

- ☐ UW Mercury (see page 4) ☒ HW Transporter (see page 5) ☐ Used Oil (see page 6)

2. Facility or Business Name:*

Safety-Kleen Systems, Inc.

3. Facility Physical Location Information: (No P.O. Boxes)

Physical Street Address*:

1722 Cooper Creek Road

☐ Vessel

City or Town:

Denton

State:

TX

Zip Code:

76207

County*:

Denton

Country (if not USA)*:

USA

4. Facility or Business Mailing Address:☐ Same address as #__ above or*:

42 Longwater Drive

City or Town*:

Norwell

State*:

MA

Zip/Postal Code*:

02061

Country (if not USA):

5. Facility North American Industry Classification System (NAICS) Code(s)*: (at least 5 digits)

A. | 5 | 6 | 2 | 2 | 1 | 1 | (required)

B. | | | | | | |

C. | | | | | | |

D. | | | | | | |

6. Facility or Business RCRA Contact Person: ☒ Same address as # 3 above or:

First Name*:

Kevin

Last Name*:

Ridings

Title*:

EVP Transportation & Logistics

Phone Number*:

781-792-5000

Extension*:

Fax*:

781-792-1006

E-Mail*:

permitsus@cleanharbors.com

Street or P.O. Box (or same address box is checked)*:

City or Town*:

State*:

Zip Code*:

Country (if not USA):



April 24, 2024

EPA ID Notification Coordinator
Hazardous Waste Program MS 4560
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

To Whom It May Concern,

Please see the enclosed Florida Notification of Regulated Waste Activity application from Safety-Kleen Services, Inc..

I have also enclosed a copy of the Certificate of Liability Insurance which the original was sent to back in 2021.

Should you require any further information, please contact me at (339) 214-5822.

Sincerely,

Bri Pickering
pickering.bri@cleanharbors.com
Transportation Compliance Specialist

1722 Cooper Creek Road | Denton, TX 75080

Safety-Kleen Systems, Inc. | A Clean Harbors Company | safety-kleen.com

RCRA Hazardous Waste Status Notification or Out of Business Notification		EPA ID No.* TXR000081205	
7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)			
Name of Owner*: REIT Management & Research LLC		Date became Owner*: ____/____/____ <input type="checkbox"/> New Owner mm dd yy	
Street or P.O. Box (or same address box is checked)*: 400 Center Street		Phone Number*:	
City or Town*: Newton	State*: MA	Zip Code*: 2458	Country (if not USA):
E-Mail*:			
Owner Type*: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other <u>Transporter</u>			
Comments:			
8. Facility Operator (List additional Operators in the comments section). Same address as # ____ above or:			
Name of Operator*:		Date became Operator*: ____/____/____ <input type="checkbox"/> New Operator mm dd yy	
Street or P.O. Box (or same address box is checked)*:		Phone Number*:	
City or Town*:	State*:	Zip Code*:	Country (if not USA):
E-Mail*:			
Operator Type*: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Comments:			
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):			
(I) Generator of Hazardous Waste			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (This does not include Universal Waste or Used Oil)			
If YES, Choose only one of the following three categories.			
<input type="checkbox"/> a. Large Quantity Generator (LQG):			
<ul style="list-style-type: none"> - Generates in any calendar month (includes quantities imported by importer site) 1,000 kilograms or greater per month (kg/mo) (2,200 lbs/mo.) of non-acute hazardous waste; or - Generates in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or - Generates in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material. 			
<input type="checkbox"/> b. Small Quantity Generator (SQG):			
<ul style="list-style-type: none"> - 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 and/or no more than 100 kg (220 lbs) of any acute hazardous spill cleanup material. 			
<input type="checkbox"/> c. Very Small Quantity Generator (VSQG):			
<ul style="list-style-type: none"> - Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste. 			
In addition, indicate other generator activities that apply.			
<input type="checkbox"/> d. Short-Term Generator (one-time, not on-going)			
<input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator			
<input type="checkbox"/> f. United States Importer of hazardous waste			
<input type="checkbox"/> g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Person pursuant to 40 CFR 262.17(f). (Addendum A Required)			
<input type="checkbox"/> h. Episodic: Not lasting more than 60 days: <input type="checkbox"/> SQG <input type="checkbox"/> LQG (Addendum B Required)			
<input type="checkbox"/> i. Electronic Manifest Broker, as defined in 40 CFR 260.10, electing to use EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator.			

9. RCRA Hazardous Waste Activities at this Facility continued: (Mark 'X' in all that apply):

For Items 3 through 9, mark 'X' in all that apply.

- (2) **Treater, Storer, or Disposer of Hazardous Waste** (at your facility—Choose Only One) 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 Order (HSWA, etc.)

- (3) ☐ **Recycler of Hazardous Waste** (at your facility)

Specify: ☐ Commercial ☐ Non-CommercialSpecify: ☐ Stores prior to recycling ☐ Does not store prior to recycling.
Note: A permit maybe 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 Very Small Quantity 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) ☐ **Receives Hazardous Waste from Off-Site**

- (7) ☐ **Underground Injection Control**

- (8) ☐ **Recognized Trader**— Mark all that apply

- ☐ a. Importer
- ☐ b. Exporter

- (9) ☐ **Importer/ Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR subpart G**— Mark all that apply

- ☐ a. Importer
- ☐ b. Exporter

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, K019, P012, U112).

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

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

11. Other Status Changes (If no longer handling waste or closed, items 9 and 10 should be left blank and items 12-16 skipped):**(A) Central Accumulation Area (CAA) or Facility Closed:**

- ☐ Central Accumulation Area (CAA)
- ☐ Facility Closed (Complete this section only if all business activities at this facility have ceased.)

(B) Closure Dates:

- ☐ (1) Expected closure date _____ (date in mm/dd/yyyy)
- ☐ (2) Requesting new closure date _____ (date in mm/dd/yyyy)
- ☐ (3) Date of closure: _____ (date in mm/dd/yyyy)
- ☐ a. In compliance with the closure performance standards in 40 CFR 262.17(a)(8)
- ☐ b. Not in compliance with the closure performance standards in 40 CFR 262.17(a)(8)

(C) Property Tax Default ☐**(D) Petition for Bankruptcy Protection** ☐

DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date: 12/2019 Page 4 of 10

Hazardous Waste Transporter and Academic Laboratories	EPA ID No.* TXR000081205															
14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)																
<p>Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required as part of this registration. Transporters and transfer facilities may only begin operations after receiving approval from the Department.</p> <p>Generators who transport waste only within the boundaries of their facility should NOT register in box 14.A below.</p>																
<p>A. HW Transporter Registration Information (must be completed annually and when this information changes)</p> <p>This form is: <input type="checkbox"/> Initial Registration <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Notification of changes <input type="checkbox"/> Cancel Registration</p> <p><input type="checkbox"/> 1. For own waste only</p> <p><input type="checkbox"/> 2. For commercial purposes</p> <p><input checked="" type="checkbox"/> 3. Both commercial and own waste</p> <p>4. Transportation Mode <input type="checkbox"/> Air <input checked="" type="checkbox"/> Rail <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Water <input type="checkbox"/> Other - specify _____</p>																
<p>B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)</p> <p><input type="checkbox"/> This facility is a Hazardous Waste Transfer Facility: (as listed in Item 3) Storage Volume _____</p> <p>This form is: <input type="checkbox"/> Initial Registration <input type="checkbox"/> Renewal <input type="checkbox"/> Notification of changes <input type="checkbox"/> Cancel Registration</p> <p>Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.</p> <p>The Transfer Facility records required under the provisions of Rule 62-730.171(6) , F.A.C., are kept at (check one):</p> <p><input type="checkbox"/> Our mailing (business) address <input type="checkbox"/> The site (facility) address</p> <p>Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:</p> <table border="1" style="margin-left: auto; margin-right: auto; text-align: center; width: 150px;"> <tr> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> </tr> </table> <p>Please see 14.C for additional items to be submitted for registration of a Hazardous Waste Transfer Facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:</p>																
<p>C. The following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)] :</p> <p><input type="checkbox"/> Certification by a responsible corporate officer of the transporter facility 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.]</p> <p><input type="checkbox"/> Evidence of the transporter facility's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]</p> <p><input type="checkbox"/> A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]</p> <p><input type="checkbox"/> A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]</p> <p><input type="checkbox"/> A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]</p> <p><input type="checkbox"/> A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]</p>																
<p>15. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K</p> <p><input type="checkbox"/> 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories</p> <p style="margin-left: 40px;"><i>See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:</i></p> <p><input type="checkbox"/> a. College or University</p> <p><input type="checkbox"/> b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university</p> <p><input type="checkbox"/> c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university</p> <p><input type="checkbox"/> 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories</p>																

16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that apply)

Transporters (exemptions in 40 CFR 279.40(a)(1-4)), transfer facilities, processors, off-specification burners, and/or marketers must **annually register** with the Department using this form. An annual \$100 registration fee is required for all, except used oil (UO) Processors and collection centers.

This form is: ☐ Initial Registration ☒ Renewal ☐ Notification of changes ☐ Cancel Registration

- ☐ If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed. UO Collection Centers must check 16.(2) of this form (not as a registration).

(1) Used Oil Transporter - mark 'X' in all that apply: (occurring in Florida)

☐ a. Transporter (off-site) and noncontiguous locations

☐ b. Transfer Facility

(2) ☐ Collection Center (From businesses, no more than 55 gal per shipment)

(3) ☐ Used Oil Processor (A permit is required.)

(4) ☐ Used Oil Re-refiner (A permit is required.)

(5) ☐ Off-Specification Used Oil Burner
☐ Utility Boiler ☐ Industrial Boiler ☐ Industrial Furnace

(6) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

(7) Used Oil Filter Management (must annually register)

☐ a. Transporter

☐ b. Transfer Facility

☐ c. Processor (Annual Report Required)

☐ d. End User (see instructions for definition)

(8) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):

☒ Our mailing (business) address (as listed in Item 4)

☐ The site (facility) address (as listed in Item 3)

(9) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))

- ALL registered UO transporters must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 19 (except those exempted by Rule 62-710.600(1), F.A.C.).

☐ The used oil annual report is attached

☐ Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

17. Notification of Hazardous Secondary Material (HSM) Activity

(1) ☐ Notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). **(Addendum C Required)**

(2) ☐ Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate. **(Addendum C Required)**

Required signature page	EPA ID No.* TXR000081205
18. Comments (attach a page if more space is needed):	
19. 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 known violations.	
<input checked="" type="checkbox"/> I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..	
Signature of owner, operator, or an authorized representative: <div style="font-family: cursive; font-size: 1.2em; color: blue;">Gwendolyn T. Hill</div>	Date Signed (mm-dd-yyyy): <div style="font-family: cursive; font-size: 1.2em; color: blue;">4/24/24</div>
Print Name (First, Middle Initial, Last): <div style="font-family: cursive; font-size: 1.2em;">Gwendolyn Hill</div>	Title: <div style="font-family: cursive; font-size: 1.2em;">SRP Transportation Compliance</div>
Organization: <div style="text-align: center;">Safety-Kleen Systems, Inc</div>	Used Oil <input checked="" type="checkbox"/>
Email: <div style="text-align: center;">permitsus@cleanharbors.com</div>	
Signature of owner, operator, or an authorized representative:	Date Signed (mm-dd-yyyy):
Print Name (First, Middle Initial, Last):	Title:
Organization:	Used Oil <input type="checkbox"/>
Email:	
If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:	
<div style="text-align: center;">Bri Pickering</div>	<div style="text-align: center;">339-214-5822</div>
<div style="text-align: center;">permitsus@cleanharbors.com</div>	
<div style="text-align: center;">(Name of person completing this form)</div>	<div style="text-align: center;">(Phone Number)</div>
<div style="text-align: center;">(E-mail Address)</div>	

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. Starr Indemnity & Liability Co.
(Name of Insurer)

(the "Insurer"), of 399 Park Avenue, Mezzanine, New York, NY 10022
(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

Safety-Kleen Systems, Inc. also known as Clean Harbors Environmental Services, Inc.
(Name of Insured)

(the "Insured"), of 42 Longwater Drive, Norwell, MA 02061
(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>
TXR000081205	Safety-Kleen Systems, Inc.,	1722 Cooper Creek Rd., Denton, TX 76208

FLD984247882	Safety-Kleen Systems, Inc.,	1400 NW 13th Ave., Pompano Beach, FL 33069
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FLR000060301	Safety-Kleen Systems, Inc.,	359 Cypress Road, Ocala, FL 34472
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(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
\$ 5,000,000 for each accident, exclusive of legal defense costs. The coverage is provided
under policy number 1000679502231, issued on 11/1/2023.
(date)

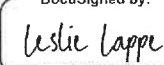
The effective date of said policy is 11/1/2023 and the expiration date of said policy
(date)
is 11/1/2024.
(date)

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
(date)
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.

DocuSigned by:

803A0003F415A035
(Signature of Authorized Representative of Insurer)

Leslie Lappe
(Typed name)

Profit Center Manager
(Title)

Authorized Representative of
Starr Indemnity & Liability Co.
(Name of Insurer)

399 Park Avenue, Mezzanine, New York, NY 10022
(Address of Representative)



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
10/20/2023

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).

PRODUCER Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center	
	PHONE: 1-877-945-7378 FAX: 1-888-467-2378 E-MAIL: certificates@willis.com ADDRESS:	
INSURED Safety Kleen Systems Inc. and its affiliates 42 Longwater Drive Norwell, MA 02061	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Starr Indemnity & Liability Company	38318
	INSURER B: ACE American Insurance Company	22667
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** W30720979**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		1000090736231	11/01/2023	11/01/2024	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000				
	<input checked="" type="checkbox"/> XCU	MED EXP (Any one person) \$ 10,000				
	<input checked="" type="checkbox"/> Contractual	PERSONAL & ADV INJURY \$ 2,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 4,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 4,000,000
	OTHER:					\$
A	AUTOMOBILE LIABILITY		1000679502231	11/01/2023	11/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
	<input checked="" type="checkbox"/> ANY AUTO	BODILY INJURY (Per person) \$				
	<input checked="" 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) \$				
	<input checked="" type="checkbox"/> MCS-90					\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		1000095587231	11/01/2023	11/01/2024	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	AGGREGATE \$ 10,000,000				
	DED RETENTIONS \$	\$				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		1000005137 (AOS)	11/01/2023	11/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/> No				E.L. EACH ACCIDENT \$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
						E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Workers Compensation & Empl Liab (AK, AZ, IA, NJ, NY, NC, VT, CT)		100 0005140	11/01/2023	11/01/2024	E.L. EACH ACCIDENT \$2,000,000
	Per Statute	E.L. DISEASE - EA EMP \$2,000,000				
		E.L. DISEASE-POL LMT \$2,000,000				


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Scope of work: All operations of the Named Insured

Umbrella is follow form over the General Liability, Auto Liability, and Employer's Liability.

SEE ATTACHED

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Coverage	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 

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ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Safety Kleen Systems Inc. and its affiliates 42 Longwater Drive Norwell, MA 02061	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Re: Year: 2024

Make: MACK

Model: MD642

VIN: 1M2MDBAA4RS010276

INSURER AFFORDING COVERAGE: Starr Indemnity & Liability Company

NAIC#: 38318

POLICY NUMBER: 1000005138 (MA, FL) EFF DATE: 11/01/2023 EXP DATE: 11/01/2024

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation	E.L. EACH ACCIDENT	\$2,000,000
& Employers Liability	E.L. DISEASE - EA EMP	\$2,000,000
Per Statute	E.L. DISEASE-POL LMT	\$2,000,000

INSURER AFFORDING COVERAGE: Starr Indemnity & Liability Company

NAIC#: 38318

POLICY NUMBER: 1000679513231 EFF DATE: 11/01/2023 EXP DATE: 11/01/2024

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Auto Liability (MA)	CSL (Ea accident)	\$5,000,000
Any Auto, Owned Autos only,	MCS-90	
Hired Autos only, Non-owned Autos only		

INSURER AFFORDING COVERAGE: ACE American Insurance Company

NAIC#: 22667

POLICY NUMBER: COO G27416603 009 EFF DATE: 11/01/2023 EXP DATE: 11/01/2024

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Contractor's Pollution Liability	Each Claim	\$10,000,000
	All Claims	\$10,000,000
	SIR	\$250,000

INSURER AFFORDING COVERAGE: ACE American Insurance Company

NAIC#: 22667

POLICY NUMBER: COO G27416603 009 EFF DATE: 11/01/2023 EXP DATE: 11/01/2024

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Professional Liability	Each Claim	\$10,000,000
	All Claims	\$10,000,000
	SIR	\$250,000