



safety-kleen.
A Clean Harbors Company

Bank of America

51-44/119

Date 11.Apr.2025

2479594

42 Longwater Drive

Norwell, MA 02061-9149

Pay ***ONE HUNDRED AND XX/100 DOLLAR****

Pay Amount \$ 100.00 ***

Non-Negotiable After 180 Days

To The
Order Of

**FLORIDA DEPT OF ENVIRONMENTAL
PROTECTION**
2600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399

Co-Signature Required Over \$250,000.00

Authorized Signature



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

DEP Waste Management Division-HWRS, MS4560

2600 Blair Stone Rd. Tallahassee, FL 32399-2400

(850) 245-8707

Date Received
(for FDEP Official Use Only)DIVISION OF WASTE MANA
25 APR 14 AM 10:25:33

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).(must choose one
if a notification)☒ 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):

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* : <div style="text-align: center;">REIT Management & Research LLC</div>		Date became Owner* : ____/____/____ <input type="checkbox"/> New Owner mm dd yy	
Street or P.O. Box (or same address box is checked)* : <div style="text-align: center;">400 Center Street</div>		Phone Number* :	
City or Town* : <div style="text-align: center;">Newton</div>	State* : <div style="text-align: center;">MA</div>	Zip Code* : <div style="text-align: center;">2458</div>	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):			
(1) 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)

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.

Generators who transport waste only within the boundaries of their facility should NOT register in box 14.A below.

A. HW Transporter Registration Information (must be completed annually and when this information changes)

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

☐ 1. For own waste only

☐ 2. For commercial purposes

☒ 3. Both commercial and own waste

4. Transportation Mode ☐ Air ☒ Rail ☒ Highway ☐ Water ☐ Other - specify _____

B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)

☐ This facility is a Hazardous Waste Transfer Facility: (as listed in Item 3) Storage Volume _____

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

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.

The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):

☐ Our mailing (business) address ☐ The site (facility) address

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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.)]:

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.)]:

☐ 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.]

☐ Evidence of the transporter facility'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.]

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

☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

☐ a. College or University

☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university

☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

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)

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.

☐ 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:

Date Signed (mm-dd-yyyy):

Print Name (First, Middle Initial, Last):

Kevin Ridings

Title:

EVP Transportation and Logistics

Organization:

Safety-Kleen Systems, Inc

Used Oil ☒

Email:

permitsus@cleanharbors.com

Signature of owner, operator, or an authorized representative:

Date Signed (mm-dd-yyyy):

Print Name (First, Middle Initial, Last):

Title:

Organization:

Used Oil ☐

Email:

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

Bri Pickering339-214-5822permitsus@cleanharbors.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 3

DATE (MM/DD/YYYY)
10/23/2024

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: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com														
INSURED Safety Kleen Systems Inc. and its affiliates 42 Longwater Drive Norwell, MA 02061	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Starr Indemnity & Liability Company</td><td>38318</td></tr><tr><td>INSURER B: ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	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:	
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INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** W35796326**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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU <input checked="" type="checkbox"/> Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y Y	1000090736241	11/01/2024	11/01/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y Y	1000679502241	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	1000095587241	11/01/2024	11/01/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N No N/A Y	1000005137 (AOS)	11/01/2024	11/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 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) Per Statute	Y	100 0005140	11/01/2024	11/01/2025	E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$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)

Re: 279 Route 6 Mahopac NY 10541

Evidence of insurance only

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

SEE ATTACHED

CERTIFICATE HOLDER**CANCELLATION**

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

Patricia A. Jones

Evidence of Insurance

© 1988-2016 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 3

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		NAIC CODE See Page 1	
CARRIER See Page 1		EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Certificate Holder is named as an Additional Insured for General Liability, Contractor's Pollution Liability and Auto Liability as their interests may appear if required by written contract but only with respect to liability arising out of operations of the Named Insured

It is further agreed that the General Liability, Contractor's Pollution Liability and Auto Liability shall be Primary and Non-contributory with any other insurance in force for or which may be purchased by Additional insured

It is understood and agreed that the company waives its right of subrogation which may arise by reason of a payment of claim under the General Liability, Contractor's Pollution Liability, Auto Liability and Worker's Compensation policy as required by written contract where allowed by state law

Umbrella is excess of the General Liability, Auto Liability, and Employer's Liability

INSURER AFFORDING COVERAGE: Starr Indemnity & Liability Company

NAIC#: 38318

POLICY NUMBER: 1000005138 (MA, FL) EFF DATE: 11/01/2024 EXP DATE: 11/01/2025

SUBROGATION WAIVED: Y

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: 1000679513241 EFF DATE: 11/01/2024 EXP DATE: 11/01/2025

ADDITIONAL INSURED: Y

SUBROGATION WAIVED: Y

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		



ADDITIONAL REMARKS SCHEDULE

Page 3 of 3

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		NAIC CODE See Page 1	
CARRIER See Page 1		EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: ACE American Insurance Company NAIC#: 22667
 POLICY NUMBER: COO - G27416603 010 EFF DATE: 11/01/2024 EXP DATE: 11/01/2025

ADDITIONAL INSURED: Y
 SUBROGATION WAIVED: Y

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Contractor's Pollution Liability	Per Poll'n Condition	\$10,000,000
	Aggregate Limit	\$10,000,000
	SIR	\$250,000

INSURER AFFORDING COVERAGE: ACE American Insurance Company NAIC#: 22667
 POLICY NUMBER: COO - G27416603 010 EFF DATE: 11/01/2024 EXP DATE: 11/01/2025

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Professional Liability	Per Wrongful Act	\$10,000,000
	Aggregate Limit	\$10,000,000
	SIR	\$250,000

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 Company

(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>
FLD980847214	Safety-Kleen Systems, Inc.	161 Industrial Loop S, S Orange Park, FL 32073

FLD984171165	Safety-Kleen Systems, Inc.	600 Central Park Dr., Sanford, FL 32771
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FLD982133159	Safety-Kleen Systems, Inc.	4426 Entrepot Blvd., Tallahassee, FL 32310
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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 1000679502241, issued on 11/1/2024.
(date)

The effective date of said policy is 11/1/2024 and the expiration date of said policy is 11/1/2025.
(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.

DocuSigned by:

Leslie Lappe

(Signature of Authorized Representative of Insurer)

Leslie Lappe

(Typed name)

Profit Center Manager

(Title)

Authorized Representative of

Starr Indemnity & Liability Company

(Name of Insurer)

399 Park Avenue, Mezzanine, New York, NY 10022

(Address of Representative)

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STATE OF FLORIDA

CERTIFICATE OF LIABILITY INSURANCE

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(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>
FLD984167791	Safety-Kleen Systems, Inc.	5610 Alpha Drive, Boynton Beach, FL 33426

FLD980847271	Safety-Kleen Systems, Inc.	5309 24th Avenue S, Tampa, FL 33619
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FLD984171694	Safety-Kleen Systems, Inc.	8755 NW 95th St., Medley, FL 33178
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Leslie Lappe

(Signature of Authorized Representative of Insurer)

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Profit Center Manager

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