



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/27/2018

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).

|   |  |  |                               |
|---|--|--|-------------------------------|
| <b>PRODUCER</b><br>Willis of Arizona, Inc.<br>c/o 26 Century Blvd<br>P.O. Box 305191<br>Nashville, TN 372305191 USA | <b>CONTACT NAME:</b><br>PHONE (A/C, No. Ext): 1-877-945-7378 |  | FAX (A/C, No): 1-888-467-2378 |
|   | <b>E-MAIL ADDRESS:</b> certificates@willis.com               |  |                               |
| <b>INSURED</b><br>US Ecology, Inc.<br>Envirite of Pennsylvania, Inc.<br>730 Vogelson Rd<br>York, PA 17402 USA       | <b>INSURER(S) AFFORDING COVERAGE</b>                         |  | <b>NAIC #</b>                 |
|   | <b>INSURER A:</b> Greenwich Insurance Company                |  | 22322                         |
|   | <b>INSURER B:</b> XL Specialty Insurance Company             |  | 37885                         |
|   | <b>INSURER C:</b> XL Insurance America Inc                   |  | 24554                         |
|   | <b>INSURER D:</b> Aspen Specialty Insurance Co               |  | 10717                         |
|   | <b>INSURER E:</b> Indian Harbor Insurance Company            |  | 36940                         |
| <b>INSURER F:</b>   |  |  |                               |

**COVERAGES**

CERTIFICATE NUMBER: W7007380

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>WA Stop Gap</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br>OTHER: |           |          | GEC0001731-18 | 08/01/2018              | 08/01/2019              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 25,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>SIR \$ 100,000 |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY<br>Includes MCS 90 Endt  |           |          | AEC004634203  | 08/01/2018              | 08/01/2019              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| B        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |           |          | UEC000173618  | 08/01/2018              | 08/01/2019              | EACH OCCURRENCE \$ 25,000,000<br>AGGREGATE \$ 25,000,000<br>\$  |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>No | N/A      | RWD3000908-03 | 08/01/2018              | 08/01/2019              | <input checked="" type="checkbox"/> PER STATUTE<br><input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000  |
| D        | <b>Contractors Poll &amp; Professional</b><br>Retro Date: 08/1/96<br>Deductible   |           |          | ERAFKTK18     | 08/01/2018              | 08/01/2019              | Each Incident \$25,000,000<br>Aggregate \$25,000,000<br>Per Incident \$100,000  |

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

Umbrella/Excess Policy is not over any Pollution Policy.

SEE ATTACHED

**CERTIFICATE HOLDER****CANCELLATION**

|                           |  |
|---------------------------|--|
| Verification of Insurance | 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<br>  |

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**ADDITIONAL REMARKS SCHEDULE**

|  |  |   |  |
|--|--|---|--|
| <b>AGENCY</b><br>Willis of Arizona, Inc. |  | <b>NAMED INSURED</b><br>US Ecology, Inc.<br>Envirite of Pennsylvania, Inc.<br>730 Vogelson Rd<br>York, PA 17402 USA |  |
| <b>POLICY NUMBER</b><br>See Page 1       |  | <b>NAIC CODE</b><br>See Page 1  |  |
| <b>CARRIER</b><br>See Page 1             |  | <b>EFFECTIVE DATE:</b> 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:** Indian Harbor Insurance Company **NAIC#:** 36940  
**POLICY NUMBER:** PEC000173506 **EFF DATE:** 08/01/2016 **EXP DATE:** 08/01/2019

| TYPE OF INSURANCE:                      | LIMIT DESCRIPTION: | LIMIT AMOUNT: |
|---|--------------------|---------------|
| Pollution & Remediation Legal Liability | Each Condition     | \$25,000,000  |
|   | Aggregate          | \$25,000,000  |
|   | SIR                | \$250,000     |

**EQ HOLDINGS, INC.**  
**NAMED INSURED SCHEDULE - CASUALTY**

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EQ Parent Company, Inc.  
EQ Holdings, Inc.  
US Ecology Livonia, Inc.  
US Ecology Sulligent, Inc.  
US Ecology Taylor, Inc.  
US Ecology Tulsa, Inc.  
US Ecology Tampa, Inc.  
US Ecology Romulus, Inc.  
Michigan Disposal, Inc.  
Wayne Disposal, Inc.  
EQ Industrial Services, Inc.  
EQ Northeast, Inc.  
Wayne Energy Recovery, Inc.  
EQ Detroit, Inc.  
EQ Mobile Recycling, Inc.  
Envirite of Ohio, Inc. (DBA - EQ Ohio)  
EQ Metals Recovery, LLC  
Envirite of Illinois, Inc. (DBA - EQ Illinois)  
Envirite of Pennsylvania, Inc.  
Envirite Transportation, LLC  
RTF Romulus, LLC.  
US Ecology Houston, Inc.

**Dormant Named Insureds:**

EQ The Environmental Quality Company  
EQ Florida Inc.  
EQ Alabama, Inc.  
EQ Oklahoma, Inc.  
Vac-All Services, Inc.  
EQ Resource Recovery, Inc.