

CERTIFICATE OF INSURANCE FOR CLOSURE AND/OR POST-CLOSURE CARE

Name and Address of Insurer (herein called the "Insurer"): Great American Insurance Company
301 E. 4th Street, Suite 100, Cincinnati, OH 45202 ⁽¹⁾

Name and Address of Insured (herein called the "Insured"): US Ecology, Inc.
101 S. Capitol Blvd., Suite 1000, Boise ID 83702 ⁽²⁾

Facilities Covered:

USEPA I.D. No. ⁽³⁾	Closure Amount ⁽⁴⁾	Post-Closure Amount ⁽⁵⁾	Closure and Post-Closure Amounts ⁽⁶⁾
Name <u>Envirite of Illinois, Inc.</u>			
Address <u>16435 Center Avenue</u>	\$717,590	\$0	\$717,590
City <u>Harvey, IL 60426</u>			
USEPA I.D. No. _____			
Name _____			
Address _____			
City _____			

Please attach a separate page if more space is needed for all facilities.

Face Amount: \$717,590
 Policy Number: CPC E659258 02 ⁽⁷⁾
 Effective Date: December 19, 2022 ⁽⁸⁾ ⁽⁹⁾

The Insurer hereby certifies that it has issued to the Insured the policy of insurance identified above to provide financial assurance for Closure ⁽¹⁰⁾ for the facilities identified above. The Insurer further warrants that such policy conforms in all respects with the requirements of 35 Illinois Administrative Code 724.243(e), 724.245(e), and 40 CFR Parts 265.143(d) and 264.145(d) as referenced in 725.243 and 725.245 respectfully, as applicable and as such regulations were constituted on the date shown immediately below. It is agreed that any provision of the policy inconsistent with such regulations is hereby amended to eliminate such inconsistency.

Whenever requested by the Director of the Illinois Environmental Protection Agency, hereafter called IEPA the Insurer agrees to furnish to the IEPA Director a duplicate original of the policy listed above, including all endorsements thereon.

Name - (Authorized signature for Insurer) *[Signature]*
 Typed Name Rick Ringenwald
 Title Divisional Vice President/Executive Underwriter
 Signature of witness or notary: *[Signature]*
 Date 12/21/2022

Commonwealth of Pennsylvania - Notary Seal
 Patrick J. Mahoney, Notary Public
 Chester County
 My commission expires September 27, 2025
 Commission number 1320671
 Member, Pennsylvania Association of Notaries

The Agency is authorized to require that the Insured submit this document under Illinois Compiled Statutes, 1994, Chapter 415, Act 5, Section 21(f)(as amended). Failure to do so may result in a civil penalty against the Insured of not to exceed \$25,000 per day of violation. Falsification of this information by any person may constitute a Class 4 felony, and may also carry a fine of not to exceed \$25,000 per day for the first offense. This form has been approved by the Forms Management Center.

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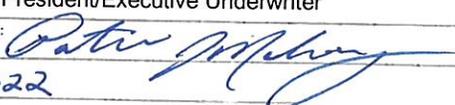
<u>USEPA I.D. No.</u> <small>(3)</small>	<u>Closure Amount</u> <small>(4)</small>	<u>Post-Closure Amount</u> <small>(5)</small>	<u>Closure and Post-Closure Amounts</u> <small>(6)</small>
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<u>USEPA I.D. No.</u>			
<u>Name</u>			
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