

**GLOBAL INDEMNITY ASSURANCE COMPANY
30 Main Street, Suite 330
BURLINGTON, VERMONT 05401**

ENDORSEMENT: 1

ATTACHING TO AND FORMING PART OF POLICY NUMBER: CPC-OH22-001

The above referenced policy has been amended as follows. Please attach this endorsement to the original policy.

DECLARATIONS

POLICY CHANGE EFFECTIVE:	June 1, 2022	12:01 a.m.
NAMED INSURED:	Envirite of Ohio, Inc.	
LOCATION OF INSURED:	2050 Central Ave SE Canton OH 44707	
FACILITIES COVERED:	US Ecology Canton	
U.S. EPA IDENTIFICATION NUMBER:	OHD980568992	
POLICY PERIOD:	June 1, 2022 - May 31, 2023	
LIMITS OF LIABILITY:	COVERAGE A FACE AMOUNT:	\$ 392,209
	COVERAGE B FACE AMOUNT:	\$ -
	CORRECTIVE MEASURES	\$ -
	SCRAP TIRE TRANSPORT	\$ -
New Premium:		\$ 1,863

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED



AUTHORIZED REPRESENTATIVE

June 22, 2022
DATE

CERTIFICATE OF INSURANCE FOR CLOSURE OR POST-CLOSURE

NAME AND ADDRESS OF INSURER: GLOBAL INDEMNITY ASSURANCE COMPANY
(HEREIN CALLED THE "INSURER") 30 MAIN STREET, SUITE 330
BURLINGTON, VERMONT 05401

NAME AND ADDRESS OF INSURED: Envirote of Ohio, Inc.
(HEREIN CALLED THE "INSURED") 2050 Central Ave SE
Canton OH 44707

FACILITIES COVERED US Ecology Canton
U.S. EPA IDENTIFICATION NUMBER: OHD980568992
NAME: Envirote of Ohio, Inc.
ADDRESS: 2050 Central Ave SE
CITY, STATE, ZIP: Canton OH 44707
COUNTY:

AMOUNT OF INSURANCE FOR CLOSURE: \$ 392,209

POLICY FACE AMOUNT: \$ 392,209

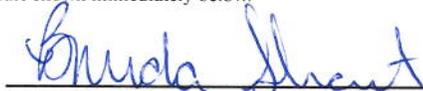
POLICY NUMBER: CPC-OH22-001

EFFECTIVE DATE: June 1, 2022

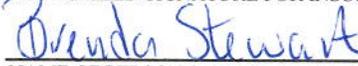
The Insurer hereby certifies that it has issued to the Insured the policy of insurance identified above to provide financial assurance for CLOSURE for the facilities identified above. The Insurer further warrants that such policy conforms in all respects with the requirements of paragraph (E) of rule 3745-55-43 and paragraph (E) of rule 3745-55-45, and paragraph (D) of rule 3745-66-43, and paragraph (D) of rule 3745-66-45 of the Administrative Code, 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, the Insurer agrees to furnish to the director a duplicate original of the policy listed above, including all endorsements thereon.

I hereby certify that the wording of this certificate is identical to the wording specified in paragraph (E) of rule 3745-55-51 of the Administrative Code as such regulations were constituted on the date shown immediately below.



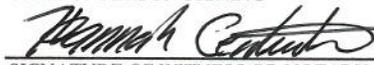
AUTHORIZED SIGNATURE FOR INSURER



NAME OF PERSON SIGNING (TYPED)

Authorized Representative

TITLE OF PERSON SIGNING



SIGNATURE OF WITNESS OR NOTARY

June 22, 2022

DATE



GLOBAL ASSURANCE INDEMNITY
 Premium calculation worksheet

POLICY NUMBER: **CPC-OH22-001**

	<u>NEW LIMITS</u>	<u>OLD LIMITS</u>	<u>AMENDMENT ADJUSTMENT</u>
Effective Date	6/1/2022		6/1/2022
Expiration Date	5/31/2023		5/31/2023
Closure Costs	392,209		392,209
Post-Closure Costs	-		-
Corrective Action	-	-	-
	<hr/> 392,209	-	<hr/> 392,209
	<hr/> 0.475%	0.475%	<hr/> 0.475%
Annual Premium	1,863	-	1,863
Days Effective/Proration Factor	365	-	100.00%
Closure Costs			1,863
Post-Closure Costs			<hr/> -
Partial Year Premium			-
TOTAL PREMIUM			1,863
Premium Already Invoiced			-
Premium Due:			1,863