

CERTIFICATE OF INSURANCE – CLOSURE AND/OR POSTCLOSURE

If additional space is needed, add attachment.

Insurer Name: Great American Insurance Company		Insured Name: US Ecology, Inc.	
Insurer Address: 301 E. 4th Street, Cincinnati, OH 45202		Insured Address: 101 S. Capitol Blvd, Suite 1000 Boise, ID 83702	
California License Number: 16691	<input checked="" type="checkbox"/> Admitted <input type="checkbox"/> Excess or Surplus lines		

Hazardous Waste Facilities/TTUs Covered:

(Enter Closure and Postclosure amounts separately. Amounts must represent the total Face Amount.)

Name	Address	Hazardous Waste Facility/TTU Identification Number	Closure Insurance Amount	Post/closure Insurance Amount
US Ecology Vernon, Inc.	5375 South Boyle Avenue Vernon, CA 90058	CAD097030993		
Policy Number CPC E105861 05		Effective Date 12/20/2021	Face Amount \$6,548,882.27	

Insurer Certification

The Insurer hereby certifies that it has issued to the Insured the policy of insurance identified above to provide financial assurance for: closure post/closure care closure and post/closure care for the facilities/TTU(s) identified above. The Insurer further warrants that such policy conforms in all respects with the requirements of California Code of Regulations, title 22, division 4.5, chapter 14 and 15, article 8, section 66264.143, subsection (e), section 66264.145, subsection (e), section 66265.143, subsection (d) and section 66265.145, subsection (d) as applicable and as such regulations were constituted on the date shown below. It is agreed that any provision of the policy inconsistent with such regulations is hereby amended to eliminate such inconsistency.

The Insurer certifies that it will not cancel, terminate, or fail to renew this policy except for failure to pay the premium, and that the automatic renewal of the policy provides the insured with the option of renewal at the face amount of the expiring policy. If there is a failure to pay the premium and the Insurer elects to cancel, terminate, or not renew the policy, the Insurer will send notice by either registered or certified mail to the owner or operator and the Department of Toxic Substances Control (DTSC). Cancellation, termination, or failure to renew may not occur, however, during the one hundred twenty (120) days beginning with the date of receipt of the notice by the owner or operator and the DTSC as evidence by the return receipt. Cancellation, termination or failure to renew will not occur and the policy will remain in full force and effect in the event that on or before the date of expiration:

- (1) The DTSC deems the facility/TTU abandoned; or
- (2) The permit is terminated or revoked or a new permit is denied by the DTSC; or
- (3) Closure is ordered by the DTSC; or any other State or Federal agency, or a court of competent jurisdiction; or
- (4) The owner or operator is named as a debtor in a voluntary or involuntary proceeding under Title 11 (Bankruptcy) U. S. Code; or
- (5) The premium due is paid.

The Insurer certifies that it is:

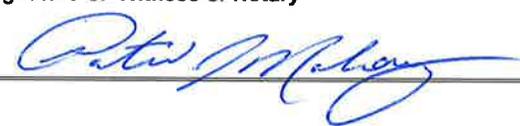
- (A) An admitted carrier, licensed to transact the business of insurance in California, or
- (B) A nonadmitted carrier eligible to provide insurance as an excess or surplus lines insurer in California. Any excess or surplus insurance relied upon by the owner or operator to meet the requirements of this subsection shall be placed by and through an excess or surplus lines broker currently licensed by the California Department of Insurance, and shall be underwritten by a surplus lines insurer that is on the California Department of Insurance's List of Approved Surplus Line Insurers as being eligible to cover risks in California.

Whenever requested by the Department of Toxic Substances Control (DTSC) of the State of California, the Insurer agrees to furnish to the DTSC a duplicate original of the original policy listed above, including all endorsements thereon.

In the event this policy is used in combination with another mechanism, this policy shall be considered:

primary coverage excess coverage

The parties below certify that the wording of this certificate is identical to the wording specified in California Code of Regulations, title 22, section 66264.151, subsection (e) and is being executed in accordance with the requirements of California Code of Regulations, title 22, division 4.5, chapters 14 and 15, article 8.

Authorized Signature of Insurer 	Title Divisional Vice President Executive Underwriter
Typed or Printed Name of Person Signing Rick Ringenwald	
Signature of Witness or Notary 	Date 12/15/2021

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