



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/01/2018

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).

| | | | |
|---|---|--|--------------------------------------|
| PRODUCER Willis of Arizona, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA | CONTACT NAME: PHONE (A/C, No. Ext): 1-877-945-7378 | | FAX (A/C, No): 1-888-467-2378 |
| | E-MAIL ADDRESS: certificates@willis.com | | |
| INSURED US Ecology, Inc. US Ecology Livonia, Inc. 101 S. Capitol Blvd., Suite 1000 Boise, ID 83702 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Greenwich Insurance Company | | 22322 |
| | INSURER B: XL Specialty Insurance Company | | 37885 |
| | INSURER C: XL Insurance America Inc | | 24554 |
| | INSURER D: Aspen Specialty Insurance Co | | 10717 |
| | INSURER E: Indian Harbor Insurance Company | | 36940 |
| INSURER F: | | | |

COVERAGES

CERTIFICATE NUMBER: W7106113

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: | | | GEC0001731-18 | 08/01/2018 | 08/01/2019 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY Includes MCS 90 Endt <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | AEC004634203 | 08/01/2018 | 08/01/2019 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | UEC000173618 | 08/01/2018 | 08/01/2019 | EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 |
| C | 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 | RWD3000908-03 | 08/01/2018 | 08/01/2019 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| D | Contractors Poll & Professional Retro Date: 08/1/96 Deductible | | | ERAFKTK18 | 08/01/2018 | 08/01/2019 | Each Incident \$25,000,000 Aggregate \$25,000,000 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  |



ADDITIONAL REMARKS SCHEDULE

| | | | |
|-----------------------------------|--|--|--|
| AGENCY Willis of Arizona, Inc. | | NAMED INSURED US Ecology, Inc. US Ecology Livonia, Inc. 101 S. Capitol Blvd., Suite 1000 Boise, ID 83702 | |
| 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: 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 |

INSURER AFFORDING COVERAGE: Indian Harbor Insurance Company NAIC#: 36940
 POLICY NUMBER: PEC004627703 EFF DATE: 08/01/2018 EXP DATE: 08/01/2019

| TYPE OF INSURANCE: | LIMIT DESCRIPTION: | LIMIT AMOUNT: |
|--|--------------------|---------------|
| Pollution Legal Liability (RCRA Locations) | Per Incident | \$4,000,000 |
| | Aggregate | \$20,000,000 |
| | Ded. Per Incident | \$250,000 |

EQ HOLDINGS, INC.
NAMED INSURED SCHEDULE - CASUALTY

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.